

## **Outstanding Community Service Awards**

## **Nomination Form**

Name of person, or organisation to be nominated (please provide correct spelling of FULL name)		
Address		
Telephone		
Spouse's name		
Nominated by	Seconded by	
	Address	
Address	Addless	
Telephone	Telephone	
	p paragraphs outlining the nominee's achievements or voluntary service tting this application (continue on a separate sheet if necessary).	to the community

Date \_\_\_

## **Return nomination form to:**

Tara Fifield, Executive Assistant Tasman District Council, Private Bag 4 Richmond 7050

Please return form by the last working day of June

## For further information contact:

Tara Fifield Email: tara.fifield@tasman.govt.nz Phone: 03 543 8578

Feel free to contact us:

