



## Junior Council Person (JCP) Program Recognition Form

Borough Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Complete Address \_\_\_\_\_  
County: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name(s) of current Junior Council Person(s):  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the Junior Council Person(s) named above has faithfully served the Borough of \_\_\_\_\_ for at least six months, having attended a majority of council meetings in that time frame and participated at an admirable level alongside elected borough officials in discussing and solving issues facing the Borough.

The Borough of \_\_\_\_\_ meets on \_\_\_\_\_ at \_\_\_\_\_, and we ask that our Junior Council Person(s) be recognized at this upcoming borough council meeting.

---

Council President's Name

Date

Please contact our Borough Manager/Secretary to arrange the recognition date and time. Thank you.

Please mail or fax this form to:

PSAB  
Attn: Stephanie Drake  
2941 North Front Street  
Harrisburg, PA 17110  
Phone: 800-232-7722, Ext. 1017  
Fax: 717-236-8289