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## WOLLASTON TOWNSHIP

### APPLICATION FOR RECOGNITION FROM MEMBERS OF COMMUNITY BY WOLLASTON TOWNSHIP

Date: \_\_\_\_\_

Name of person to be recognized: \_\_\_\_\_

Reason for request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nominated by: \_\_\_\_\_

Request letter of recognition? \_\_\_\_\_ YES \_\_\_\_\_ NO

Request certificate of recognition? \_\_\_\_\_ YES \_\_\_\_\_ NO

Approved? \_\_\_\_\_ YES \_\_\_\_\_ NO

Resolution # \_\_\_\_\_ Date: \_\_\_\_\_