

Town of Maynard Municipal Naming Nomination form

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NOMINEE INFORMATION

Name of Nominee (s): _____

Title (s): _____

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DESCRIPTION OF ACCOMPLISHMENTS

1. What lifetime accomplishment(s) has this nominee achieved that would make him/her eligible for municipal naming consideration.

2. How has this nominee's accomplishment(s) impacted The Town of Maynard, and or The State of Massachusetts or United States of America?

3. Are there any other specific reasons for nominating this person?

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NOMINATOR INFORMATION:

Name of Nominator: _____

Dept: _____

Relationship of Nominator to Nominee (s): _____

Signature of Nominator

Date

Please complete and return to the Selectmen's Office
Please return by December 31 of the current year to ensure action prior to the next annual town meeting.

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TO BE COMPLETED BY COORDINATOR ONLY:

- Nominee (check one) ____ was ____ was not selected for a citation award.

Signature of Maynard Board of Selectmen

Date