

QUESTIONS?
Contact Mayor
Kirby Kruse
507-221-0038

MAYOR'S MEDAL OF HONOR

NOMINATION FORM

(Please Print or Type)

NOMINEE'S NAME: _____ **Telephone:** _____
(Male ___ Female ___)

Nominee's Address: _____

(City) (State) (Zip)

Nominee's Employer: _____ Telephone: _____

Nominator's Name: _____ Telephone: _____
(Optional)

How long have you known this Nominee? _____

Nomination for which category? (Circle one or more numbers)

- | | |
|--------------------------------|--|
| 1. Volunteer of the Year | 6. Human Services |
| 2. City Service | 7. Schools or Education |
| 3. Community-Wide Service | 8. Good Neighbor |
| 4. Services by Senior Citizens | 9. Business Owner or Employee |
| 5. Challenge Award | 10. Mayor's Choice (Selected by Mayor) |

What is the Nominee's **greatest** contribution in this category?

Nominee's Background Information:
Family _____
Education _____
Special Interests _____

Awards, Recognition and Honors received by your Nominee:

PLEASE SEE REVERSE SIDE OF THIS PAGE FOR FURTHER INSTRUCTIONS.

