

**CITIZEN OF THE YEAR  
NOMINATION FORM**

**2019**



Name of Nominee \_\_\_\_\_

Address of Nominee \_\_\_\_\_

Nominee's Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Community Positions held by Nominee: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief Narrative about why Nominee should be the Citizen of the Year: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*PLEASE ATTACH MORE PAGES IF NECESSARY.*

Name of Person making this nomination \_\_\_\_\_

Phone Number of Person making this nomination \_\_\_\_\_

Date Nomination Form submitted \_\_\_\_\_

Please send completed Nomination Form to:

High Springs Chamber of Commerce  
COY Committee  
P. O. Box 863  
High Springs, FL 32655

For more information contact us at:  
386-454-3120      chamber@highspringschamber.com      highspringschambercom