

CITY OF MIRAMICHI
NOMINATION FORM
COMMUNITY SERVICE AWARD FOR VOLUNTEERS

CANDIDATE'S NAME _____
Surname Given Name Initial

CANDIDATE'S ADDRESS _____
Number Street

City Province

Postal Code

OUTLINE CANDIDATE'S CONTRIBUTIONS AND DEMONSTRATE BENEFITS TO COMMUNITY:

NOMINATED BY: _____

DATE: _____

Email your submission to the Mayor's office at peggy.doyle@miramichi.org by **November 30th, 2023.**