

2024 SENIOR OF THE YEAR NOMINATION FORM

Nominee:	Contact Phone #:
Address:	
Please detail the nominee's	s commitment/contribution to community service:
	volvement with associations, charities, societies and institut

Additional Comments:			
Is the nominee aware of the nomination? Yes	No (not required)		
Nominator's name (please print):			
Nominator's Signature:	Date:		
Contact Phone #:	Email:		

Notice of Collection: Personal information contained on this form is collected pursuant to The Municipal Freedom of Information and Protection of Privacy Act, and the Municipal Act, 2001, as amended. The information will be used to evaluate the nominees by an Advisory Group. Questions about this collection should be directed to the Clerk at the Town of Penetanguishene.