

TOWNSHIP OF EVANTUREL Senior of the Year Award 2019

NOMINATION FORM

Name of Nominee (must be 65 years of age or older)

| Title | First Name | | Last Name |
|---------------------------------|-----------------------|--------------------------------------|-----------------------------------|
| | | | |
| Residential Address | City | Province | Postal Code |
| Telephone No. (9:00am –4:30pm) | Date of Birth (d/m/y) | | Birth (d/m/y) |
| Tell us briefly about you | ur nominee | | |
| | | | |
| | | | |
| | | | |
| | | (add page O | R continue overleaf if necessary) |
| Name of Nominator | | | |
| | | | |
| Title | First Name | | Last Name |
| Address | City | Province | Postal Code |
| Telephone No. (9:00am – 4:30pm) | Fax No. | | E-mail |
| Telephone No. (9.00am – 4.30pm) | Fax NO. | | E-IIIdii |
| Signature of Nominator | | | Date |
| Mail form no later than | | Township of Evanturel | |
| Wednesday, April 10, 2019 to |): | P.O. Box 209 Englehart, ON P0J 1H | 10 |
| Fax form to: | | (705) 544-8206 | |
| Email form to: | | clerk@evanturel.com | |
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Personal information on this form will be used to determine eligibility and notify recipients of the Senior of the Year Award. For further information, please contact the Township of Evanturel municipal office at 544-8200.