

**CITIZEN OF THE YEAR
NOMINATION FORM**



Chamber of Commerce

**P.O. Box 863
High Springs, FL 32655
386 454-3120**

Name of Nominee: _____

Address of Nominee: _____

Phone Number of Nominee: _____ cell work phone (circle one)

Community positions held by Nominee: _____

Brief narrative about why nominee should be considered as 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 complete nomination for to:

**High Springs Chamber of Commerce
COY Committee
P.O. Box 863
High Springs, FL 32655
www.highsprings.com**