



Shaping
our community
together

CITY OF LACEY
CITY CLERK
420 COLLEGE STREET SE
LACEY, WA 98509
PHONE: 360.491.3214
FAX: 360.412.3185
CLITTEN@CI.LACEY.WA.US

SPIRIT OF LACEY AWARD NOMINATION FORM

The purpose of the *Spirit of Lacey Award* program is to recognize individuals, organizations, and businesses who make significant contributions to the betterment of the greater community, or, whose acts of heroism, courage, selflessness, or exceptional volunteerism are worthy of special recognition. Please see attached policy for detailed information on the eligibility, criteria, and process for the program.

NOMINEE INFORMATION

Name

Address

City, State, Zip

Phone Number

Email address

Please select one: Individual Business Organization

Provide a detailed explanation of the significant and extraordinary contribution of the nominee:

(If needed, please use a separate sheet of paper.)

NOMINATION FORM COMPLETED BY

Name

Date

Address

City, State, Zip

Phone Number

Email address

Signature

Date

MAIL COMPLETED FORM TO: CITY OF LACEY
CAROL LITTEN, CITY CLERK
420 COLLEGE STREET SE
LACEY, WA 98509

FOR CITY USE ONLY

NOMINATION FOR SPIRIT OF LACEY AWARD		DATE	INITIALS
1	Nomination received:		
2	Nomination routed to: <ul style="list-style-type: none"> <input type="checkbox"/> City Clerk <i>(reviewed for completion)</i> <input type="checkbox"/> Community Relations Committee <input type="checkbox"/> Council 		
3	Reviewed by Community Relations Committee: <ul style="list-style-type: none"> <input type="checkbox"/> Approved <input type="checkbox"/> Denied 		
4	Reviewed at Council Worksession: <ul style="list-style-type: none"> <input type="checkbox"/> Approved <input type="checkbox"/> Denied 		
5	Nominee contacted: <ul style="list-style-type: none"> <input type="checkbox"/> Accepted <input type="checkbox"/> Declined 		
6	Applicant notified:		
7	Award ordered:		
8	Presentation of award at City Council meeting:		