

Washington State Association of Municipal Attorneys

OUTSTANDING SERVICE AWARD NOMINATION FORM

- NOMINATOR'S CONTACT INFORMATION

Nominator's Name: _____

Title or Affiliation:

Address: _____

Telephone: _____

E-Mail: _____

- CO-NOMINATOR'S CONTACT INFORMATION (optional, unless Nominator is not a WSAMA member)

Co-Nominator's Name: _____

Title or Affiliation:

Address: _____

Telephone: _____

E-Mail: _____

- NOMINEE INFORMATION

1. Full Name: _____

2. Title: _____

3. Local government represented: _____

4. Local government service by year and position held (if applicable):

5. Service to WSAMA (if applicable):

- STATEMENT IN SUPPORT OF NOMINATION

Attach one or more statements describing how the nominee fulfills the following criteria established by WSAMA for the Outstanding Service Award:

"...[D]edicated efforts to one or more municipalities and/or to WSAMA's work and program, thereby significantly contributing to the solution of municipal legal problems throughout Washington State."