



MONTVILLE TOWNSHIP
Chamber of Commerce

ANNUAL AWARDS NOMINATION FORM

NAME OF CANDIDATE: _____

ADDRESS: _____

PHONE and/or EMAIL: _____

AWARD CATEGORY (See Annual Awards Criteria):

- | | |
|---|---|
| <input type="checkbox"/> Business/Business Person of the Year | <input type="checkbox"/> Public Service Award |
| <input type="checkbox"/> Citizen of the Year | <input type="checkbox"/> Silver Service Award |
| <input type="checkbox"/> Organization of the Year | <input type="checkbox"/> Good Neighbor Award |
| <input type="checkbox"/> Public Safety Award | |

Please list pertinent information to support nomination. Use additional pages, if needed:

NOMINATED BY (Name): _____

PHONE: _____ EMAIL: _____

Thank you for taking the time to complete this nomination form. All candidates will be reviewed for eligibility. Award recipients are selected by the Nomination Committee, made up of members of the Board of Directors of the Montville Township Chamber of Commerce.

Send completed nomination forms to: Montville Township Chamber of Commerce
Annual Awards Nominations
195 Changebridge Road
Montville, NJ 07045

You may also send in your form by email info@montvillechamber.org or fax: 973-263-3453

COMPLETED NOMINATION FORMS ARE DUE BY DECEMBER 31st