

Nomination for

The Governor's

Police Officer of the Year Award

Name of Nominee:	Telephone Number of Nominee:
	Work: Home:
Address of Nominee:	
Name of PD:	Date of appointment to PD:
Address of PD:	
Present assignment of nominee:	
Date the act occurred:	Assignment of the nominee on the date of the act:
Name and telephone number of the immediate supervisor on the date of the act:	
Synopsis: Provide a brief description of the act for which the nomination is being made.*	
* Documentation, as described in the materials enclosed, must accompany this nomination.	
This form completed by: _____ (Print name, position or rank, telephone number and date)	