



2022 Disability Awareness Month Commendation Nomination Form

Commendation Nomination Form

Who would you like to nominate? (Select 1 option) Required

- ☐ An individual of any age who is a resident of or works/volunteers in service of residents of Culver City
- ☐ A business or an organization that is located in or serves residents of Culver City

What is the nominee doing or has done to benefit individuals with disabilities in the past year(s)? Required

Why should the nominee receive the recognition? Required

Nominee's name, address and telephone number (Individual, Organization or Business Information): Required

Nominator's name, address and telephone number (Your Information): Required

End of form