

# 2025 Disability Awareness Month Commendation Nomination Form



Submitted on

Receipt number

Related form version

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## Commendation Nomination Form

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Who would you like to nominate?

## Nominee Information

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Their Name:

Their Phone Number:

Their Address:

## Nominee's History of Service

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Why should the nominee receive the recognition?

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

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How many years has the organization or individual been of service to those with disabilities?

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If nominating a business or organization, what percentage of their clients are served in Culver City and/or are residents of Culver City?

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If nominating a business or organization what year was the business or non-profit founded?

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Organization or Individual Website Link (If applicable):

## Nominator's Information

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Your Name:

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Your Phone Number:

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Your Address: