

2024 Disability Awareness Month Commendation Nomination Form



Submitted on

Receipt number

Related form version

Commendation Nomination Form

Who would you like to nominate?

Nominee Information

Their Name:

Their Phone Number:

Their Address:

Nominee's History of Service

Why should the nominee receive the recognition?

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

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

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

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

Organization or Individual Website Link (If applicable):

Nominator's Information

Your Name:

Your Phone Number:

Your Address: