

# 2023 Disability Awareness Month Commendation Nomination Form



Submitted on	22 May 2024, 4:01PM
Receipt number	6
Related form version	3

## Commendation Nomination Form

Who would you like to nominate? An individual of any age who is a resident of or works/volunteers in service of residents of Culver City

## Nominee Information

Their Name:	Test
Their Phone Number:	000-000-0000
Their Address:	Washington Blvd/Jasmine Ave, Culver City, CA 90232, USA <a href="#">Map</a> (34.0197376, -118.4006144)

## Nominee's History of Service

Why should the nominee receive the recognition? Test

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

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): N/A

## Nominator's Information

Your Name: Test

**Your Phone Number:**

000-000-0000

---

**Your Address:**

Washington Blvd/Jasmine Ave, Culver City, CA 90232, USA [Map](#)  
(34.0197376, -118.4006144)