



Mary Beth Dolin

Meritorious Fire Service Award

NOMINATION FORM

1. NOMINEE:

I wish to nominate the following person for this award:

Name: _____

Address: _____

Phone: _____

Occupation: _____

Fire Service Affiliation _____

2. REASONS FOR NOMINATION

Explain how the nominee has demonstrated excellence, leadership or outstanding achievement in the fire service or how the nominee has advanced fire and life safety. Use additional pages if needed.

3. REFERENCES

Two witnesses, participants or officials must support the nomination and attest to the accuracy of the information by signing below.

Name: _____

Address: _____

Phone: _____

Signature: _____

Name: _____

Address: _____

Phone: _____

Signature: _____

Letters or documents from these references that support the nomination should be attached to this nomination form.

4. NOMINATOR'S STATEMENT

I certify that the information submitted with this nomination is correct.

Name: _____

Address: _____

Phone: _____

Signature: _____

Send completed form with reference letters to:

Office of the Fire Commissioner

510-401 York Avenue
Winnipeg, MB R3C 0P8
OR
FireComm@gov.mb.ca

Deadline for nomination is July 15.

