LIFETIME ACHIEVEMENT AWARD NOMINATION FORM

Name of Agency	Tow	vn
Name and home address of Lifetime Achievement Award candidate:		
Name:		
Home Address:		
Contact information for	person(s) making this nominat	ion.
Name	Home Address	Home/Business Phone
Name and address of inc	dividual to send congratulation	letter confirming award:
service must be continued spent on a planning communing board of appeals	ous and total 25 or more years. nmission, zoning commission, of the appear as an alternate more have served part or all of the appearance.	ries and dates served. Length of It may, however, consist of time combined commission and/or ember is valid. This award is also above time as professional staff to

Individuals who have received this award previously ARE NOT eligible to receive it again. Please call (860) 677-7355 or e-mail contact.cfpza@gmail.com to inquire about members who may have previously received an award.

A brief 1-2 paragraph bio about the recipient's tenure and notable achievements to be read by our moderator at the presentation ceremony is requested.

TWELVE YEAR LENGTH OF SERVICE AWARD NOMINATION FORM

1.	Name of Agency	Tov	vn	
2.	Name and home address of Length of Service Award candidate:			
	Name:			
	Home Address:			
3.	Contact information for person(s) making this nomination.			
	Name	Home Address	Home/Business Phone	
4.	Name and address of individual to send congratulation letter confirming award:			
5.	Length of Service: List below the names of agencies and dates served. Length of service must be continuous and total 12 years. It may, however, consist of time spent on a planning commission, zoning commission, combined commission and/or zoning board of appeals. Time spent as an alternate member is valid.			

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