HERO AWARDS NOMINATION FORM

Your Name: _____ Phone #: _____
Address _____ Relationship_____

Please answer as much of the following as you are able to and feel free to use the back side for more space. Make copies if more than one nomination is submitted.

Name of person you would like to Nominate: _____

Nominees contact information:

Address: _____ **Phone #:** _____

City, State, Zip: _____

Date of incident: _____

Place of incident: _____

Other persons involved in incident: _____

Description of incident: _____

_____

_____

_____

_____

_____

_____

_____

_____

Please attach any other information you have *(i.e.: newspaper articles, police/fire reports, accident reports, etc.)* and mail to:

Safety Council of Northwest Ohio
Attn: Hero Selection Committee
8015 Rinker Pointe Court, Northwood, Ohio 43619
Fax: 419.662.8888
Email: mail@scnwo.com
Online: scnwo.org

Safety Council
OF NORTHWEST OHIO