



DISTINGUISHED CITIZEN OF THE YEAR NOMINATION FORM

Nominee Name: _____

Street & Mailing Address: _____

PLEASE RECOMMEND A NOMINEE (i.e. A RESIDENT, FIRM, COPORATION, ORGANIZATION, OR CIVIC GROUP) THAT HAS EXISTED IN THE CITY OF ANNA MARIA FOR AT LEAST TWO YEARS

Please give two to three reasons why you believe this nominee should receive this award. Use the back of this page if necessary.

Name & Address of Nominator : _____

Please return this form to City Hall, 10005 Gulf Dr or P.O. Box 779 Anna Maria, FL 34216
by **no later 4:00 p.m. on January 5, 2024**
(or via email to amclerk@cityofannamaria.com)

THANK YOU FOR YOUR NOMINATION.