

CITY OF MONTEBELLO CITIZEN OF THE MONTH NOMINATION FORM

Full Name of Person being nominated:	Montebello Address:	
Age (min 14yrs to be eligible):	School (if applicable)	
Email:	Phone:	
 Please tell us your occupation (check all that apply): Student Head of Household Retiree Veteran Healthcare Worker Other Occupation Identify as: Male Female Other Gender ID How long have you been a resident of Montebello? year(s) 		
In 300 words or less (about 2-3 paragraphs) please describe what civic of public service efforts should be considered as part of your nomination. and what makes it special:		



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Please list any and all contributions of personal time, money or resources the nominee has invested or provided as part of the activities described above, if any:			
Are there any additional facts or unique informatio	n the committee should know about this	nominee for consideration:	
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By submitting this nomination form, I attest that all opermission for the review committee to research, conthis form also grants the City of Montebello and its a Citizen of the Month.	onfirm and verify statements or facts as no	ecessary. Your signature on	
Print Name	Signature	 Date	
		Date	
am (please check one): □ Nominating myself □ Nominating the person named above			