

"FIREFIGHTER OF THE YEAR" NOMINATION FORM

(please return by July 15, 2021)

Department:

Chief:

Nominee/s: *(please include full name and title)*

Chief Email:

Nominee/s Contact Information:

Select One:

CATEGORY

Emergency Response

Norman Knight Award for Excellence in Community Service

Select One:

Individual Award

Group Award

INCIDENT

Date:

Time:

Description: *(Please include the following elements into your narrative: conditions of circumstances, weather, extent of personal risk, victim risk, assistance. Additional space provided on page 2).*

Chief of Department Signature *

** You will be asked to appear before the Heroic Awards Committee to further support your nomination and will be notified as to the date and time by our Events Coordinator.*

Description Continued: *(Additional space for narrative: conditions of circumstances, weather, extent of personal risk, victim risk, assistance.)*