

# Washington State Association of Municipal Attorneys

## OUTSTANDING SERVICE AWARD NOMINATION FORM

- NOMINATOR'S CONTACT INFORMATION

Nominator's Name: \_\_\_\_\_

Title or Affiliation:  
\_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

- CO-NOMINATOR'S CONTACT INFORMATION (optional, unless Nominator is not a WSAMA member)

Co-Nominator's Name: \_\_\_\_\_

Title or Affiliation:  
\_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

- NOMINEE INFORMATION

1. Full Name: \_\_\_\_\_

2. Title: \_\_\_\_\_

3. Local government represented: \_\_\_\_\_

4. Local government service by year and position held (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Service to WSAMA (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- STATEMENT IN SUPPORT OF NOMINATION

Attach one or more statements describing how the nominee fulfills the following criteria established by WSAMA for the Outstanding Service Award:

"...[D]edicated efforts to one or more municipalities and/or to WSAMA's work and program, thereby significantly contributing to the solution of municipal legal problems throughout Washington State."