Minnesota Public Safety Awards Nomination Application

PERSON MAKING THE RECOMMENDATION FOR AWARD

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Business Phone _____ Home Phone _____

Area of Association (check one): ❑ Civilian ❑ Fire ❑ Police ❑ EMS

PERSON BEING NOMINATED TO RECEIVE AWARD

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Business Phone _____ Home Phone _____

Area of Association (check one): ❑ Civilian ❑ Fire ❑ Police ❑ EMS

Date of Incident _____ Location of Incident _____

ACTION TAKEN BY PERSON BEING NOMINATED FOR AWARD

Decisions on acceptance for an award will be judged solely on written statements, pictures, new articles or reports submitted with this form. (Please submit all available items.)

Please return applications to:

Public Safety Services
North Memorial Ambulance Service
4501 68th Ave. N.
Brooklyn Center, MN 55429

North Memorial

08213