# Wall of Recognition Application Form



#### **Nominee Information**

Is the nominee a Rocklin resident, Rocklin-based business or organization? Or was the nominee a Rocklin resident or business or organization at the time of their community service?:



Name of Nominee:

Address:

Contact (Phone or Email): \*

#### **City Affiliations:**

Role/Position:

Dates of Service:

Role/Position:

Dates of Service:

Role/Position:

Role/Position:

### Eligibility

Please indicate the area of impact (i.e. resident, business/work, school, organization, etc.) and length of residence (if applicable).

Provide detailed information about how the nominee has:

- Demonstrated creativity and/or initiative in providing service to the community
- Provided long-term service to the community
- Provided unique contributions that are marked by excellence and worthy of honor
- Made a distinct, significant contribution to the betterment of the city
- Demonstrated exceptional determination, character, commitment and/ or leadership

## **Eligibility Details:**



**Submit to the City Clerk** 3970 Rocklin Road Rocklin, CA 95677