



NOMINATION FORM

IMLA DISTINGUISHED PUBLIC SERVICE AWARD

Fax Completed Form to (202) 785-0152

NOMINATED BY: _____

Name(s): _____

Address: _____

No.

Street

City

State

Zip

Telephone: (day) _____ (evening) _____

E-Mail: _____

NOMINEE BASIC INFORMATION:

1. Full Name: _____

2. Title: _____

3. Current Employer: _____

4. Local government represented: _____

5. Education (beyond high school): _____

6. Years in public service and position(s) held:

7. Legal scholarship (Please cite [or enclose, if feasible] publications, legislative drafting examples, briefs, opinions):

8. Service to the legal profession (include, for example, membership in and offices held in bar associations and other relevant professional organizations; *pro bono publico* work):

9. Community Service and activities (include, for example, civic groups; church groups; public radio/TV commentator; public-voter forums; fund-raising for community causes):

10. Awards and honors received (including but not limited to fellowships and scholarships):

Signature of nominator

Date of signature