



Westchester Regional EMS Council Unit Citation Nomination

Name of Organizations

Type of Organization

Address of Organization

City

State

Zip

Phone

Commanding Officer

Work Phone

()

Email

NOMINATOR INFORMATION

Name

Role / Title

Organization

Address of Organization

City

State

Zip

Phone

Email

Signature

Date

**PLEASE ATTACH ANY SUPPORTING DOCUMENTATION (LETTER OF COMMENDATION,
INCIDENT REPORT, NEWS RELEASE, ETC.) TO THIS FORM.**

SEE AWARD RULES AND REGULATIONS FOR MORE INFORMATION.

SUBMISSION DEADLINE: APRIL 11th 2018

PLEASE COMPLETE PART II



Unit Citation Award Nomination (Part II)

**BASED ON THE ENCLOSED CRITERIA, PLEASE DESCRIBE THE SPECIFIC ACHIEVEMENT (S)
THAT QUALIFY THIS ORGANIZATION TO BE CONSIDERED FOR A UNIT CITATION:**

