



## 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 22<sup>th</sup> 2019**

**PLEASE COMPLETE PART II**



## Unit Citation Award Nomination (Part II)

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

