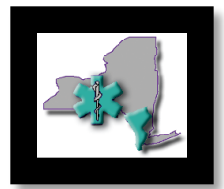




Westchester Regional EMS Council

2025 EMS Service Awards Nomination Application



In the table below, please indicate the category for which the applicant(s) are being nominated (See awards descriptions and criteria). All submissions are for the 2024 calendar year.

	EMS Citation
	EMD Citation

	Unit Citation
	Meritorious Service

In the table below, please provide the nominated Agency's information.

Agency Name	
Agency Mailing Address	
Point of Contact (Name & Role / Title)	
Point of Contact Phone	
Point of Contact E-Mail	

In the table below, please list the names of all involved crew members. If additional lines are necessary in order to include all nominees, a duplicate page should be utilized.

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

In the table below, please provide the nominating Person and/or Agency's contact information.

Name of Person and/or Agency Submitting the Nomination	
Submitting Agency Contact Phone	
Submitting Agency E-Mail	
Submitting Agency CEO / Chief Officer (PRINT)	
Submitting Agency CEO / Chief Officer (SIGNATURE)	



Westchester Regional EMS Council

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In the box below, please provide a brief description of the qualifying event.

In the box below, please provide a brief description of the reason for the award nomination.