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TODMORDEN TOWN COUNCIL

**TOWN MAYOR’S CERTIFICATE OF ACHIEVEMENT**

**NOMINATION FORM**

|  |  |
| --- | --- |
| **Name of Person or****Organisation Nominated:**(**should not be advised)** |  |
| **Address:** |  |
| **Telephone No:** |  |

|  |  |
| --- | --- |
| **Reason for Nomination:** |  |

**The more relevant information the better. Please use up to one additional sheet of A4 paper if needed.**

|  |  |
| --- | --- |
| **Nominated by:** **(Your name will be advised to the recipient)**  |  |
| **Address:** |  |
| **Telephone No:** |  |
| **Email:** |  |

**Return the competed form to Colin Hill- Town Clerk. Email:** **townclerk@todmorden-tc.gov.uk**