

## NOMINATION FORM

## Be There And Be Positive

| Nominee's Name:         |        |
|-------------------------|--------|
| Phone:                  | Email: |
| Reason For Nomination:: |        |
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|                         |        |
| Submitted By:           |        |

Please return this form to the Beckwith Township Municipal Office:

Beckwith Township Municipal Office 1702 9th Line Beckwith Carleton Place, ON K7C 3P2Phone: 613.257.1539 Fax: 613.257.8996

Email: cmcgregor@twp.beckwith.on.ca