



**City of DeLand**  
**Senior Citizen Recognition Program**  
**Nomination Form**

**Date:** \_\_\_\_\_  
**Quarter:** \_\_\_ Jan – Mar  
               \_\_\_ Apr – Jun  
               \_\_\_ July – Sept  
               \_\_\_ Oct – Dec

**Honoree:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Nominator:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Reasons for Nominations:**

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Send by fax or mail to: Michael Pleus, City Manager  
 City of DeLand  
 120 S. Florida Avenue  
 DeLand, FL 32720  
 FAX: 386-626-7140



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