

**ILLINOIS STATE CRIME STOPPERS
LOCAL PROGRAM
AWARDS NOMINATION FORM FOR
COORDINATOR
OF
THE YEAR**



Nominee for Outstanding _____

Name _____

Address _____

How long has this person been affiliated with your local program? _____

How has this candidate contributed to the success of your local program? _____

The above criteria will be included in the media release

Media contact for recognizing the nominee in your committee?

Name _____

Contact Name (If Available) _____

Address _____

City, State, Zip _____

Program Submitting Nominee _____

Name _____

Street Address (No P.O. Boxes) _____

City, State, Zip _____

Phone _____