

2009 SOMERSET COUNTY DISABILITY ADVOCATE AWARDS
DISABILITY ADVOCATE AWARD NOMINATION FORM
Individuals, Businesses or Organizations
Nomination Deadline August 31, 2009

Nominee: _____
Address: _____ Zip _____
Phone: _____

Type of Nominee (Circle One): Individual Business or Organization

Nominator's
Name _____ Phone _____ Email _____
Address: _____ Zip _____

The nominee is being submitted for the following reason and/or action:

- _____ For outstanding service demonstrating significant impact in meeting the needs of Somerset County citizens with disabilities
- _____ For making a commitment to promote positive awareness of the needs of Somerset County citizens with disabilities.
- _____ For their advocacy on behalf of, or other exemplary support of Somerset County citizens with disabilities

Please use the space below to describe how the nominee has met the criteria as specified above and give any additional information that should be considered. If possible or applicable, please attach copies of any supporting documentation.

Please submit your nomination to: Somerset County Office for the Disabled, P.O. Box 3000, Somerville, NJ 08876. You may also fax your nomination to 908-704-1629.
Questions: 908-704-6334.

Date Received in SCOFD _____ (SCOFD completion only)