CITY OF ST. PETERSBURG

City of St. Petersburg
Citizen of the Month
Nomination Form

Date: _____

Name of Nominee: _____

Address: _____

City: _____ State: _____ Zip: _____

Council District (of residence or place of work): _____

Daytime Phone Number: _____ Evening Phone Number: _____

E-mail address: _____

Please describe how this person has worked to improve the quality of life in St. Petersburg (100 words or less, please attach additional sheet if necessary):

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Please provide a short biographical history of nominee (100 words or less, including numbers of years residency, profession, other pertinent history, etc. Please attach additional sheet if necessary):

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Nominated by (self nominations accepted): _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____ Evening Phone Number: _____

E-mail address: _____

Please fax form to 892-5360 or mail form to Citizen of the Month, City Council, PO Box 2842, St. Petersburg, FL 33731