



Order of Collingwood & Companion of the Order Nomination Form

Nominee Information	
Name	
Mailing Address	
E-mail	Phone Number
Please select one option listed below to confirm which award the nomination is for: <input type="checkbox"/> Order of Collingwood <input type="checkbox"/> Companion of Collingwood <i>*must be a previous Order of Collingwood recipient</i> If known, please indicate the year in which the Nominee received the Order of Collingwood: _____	
Nominator Information	
Name	
Mailing Address	
Email	Phone Number
If your nominee is successful, do you wish to have your name shared with the nominee? Yes <input type="checkbox"/> No <input type="checkbox"/>	
By signing below, I, the Nominator confirm that the nomination that I am submitting aligns with the nomination criteria of the award. Signature: _____ Date: _____	
Nomination Requirements	
<input type="checkbox"/> Completed Nomination form <input type="checkbox"/> A letter of support from the Nominator <input type="checkbox"/> Two (2) additional letters of support (addressed to the Committee)	

**Please submit completed nomination packages by the deadline of
Friday November 1, 2019 at 4:30 p.m., addressed to:**

Town of Collingwood
Attn: Order of Collingwood Review Committee
97 Hurontario Street, Box 157
Collingwood, ON L9Y 3Z5

Email:
orderofcollingwood@collingwood.ca

*Personal information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used solely in confidence for the purpose of reviewing and recommending the successful recipients in accordance with Policy #2018-0.
Questions about this collection should be directed to Clerk Services @ 705-445-1030*