





## **Nomination Form**

	Bu	isiness of the Year	
ame of Business			
lame of Owner o	r CEO:		
Address:			
	Street Address		
	City	State	ZIP Code
Phone:			
Number of Emplo	yees:		
Date Established:			
	С	itizen of the Year	
lame of Nominee		Phone:	
Address:			
Addicas.	Street Address		
	City	State	ZIP Code
	Naminat		
	Nominat	or's Contact Information	
Your Name		Phone:	
Address:			
	Street Address		
	City	State	ZIP Code
	City	State	ZIP Code

Please attach a letter or an essay on the qualities and accomplishments of the business/individual nominated.

Please drop off or mail the nomination form and written recommendation to:

Chamber of Commerce of the Tonawandas 254 Sweeney Street North Tonawanda, NY 14120

If you have any questions, please contact the Chamber at 716-692-5120.