

[illegible]

*If insufficient space, please attach additional information.*



Other persons who may be contacted for further information about nominee.	To be completed by person submitting nomination.
Name: ..... Organisation represented (if any): ..... ..... Position: ..... Address: ..... .....Postcode: ..... Telephone: .....	Name: ..... Organisation represented (if any): ..... ..... Position: ..... Address: ..... .....Postcode: ..... Telephone: .....
Name: ..... Organisation represented (if any): ..... ..... Position: ..... Address: ..... .....Postcode: ..... Telephone: .....	I give permission for the nominee to be notified that I was the person submitting the nomination  Signature: ..... Date: .....

All nominations will be assessed by the Shire of Waroona's Australia Day Awards Committee

For enquiries and assistance please phone 9733 7800

**PLEASE RETURN COMPLETED FORMS TO:  
The Shire of Waroona**

<b>BY POST:</b>  PO Box 20 Waroona WA 6215	<b>IN PERSON:</b>  52 Hesse Street Waroona	<b>OR EMAIL:</b>  warshire@waroona.wa.gov.au
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**CLOSING DATE: 31 October 2023**

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