



# DISTINGUISHED CITIZEN OF THE YEAR NOMINATION FORM

Nominee Name: \_\_\_\_\_

Street & Mailing Address: \_\_\_\_\_

**\*PLEASE RECOMMEND A NOMINEE (i.e. A RESIDENT, FIRM, COPORATION, ORGANIZATION, OR CIVIC GROUP) THAT HAS EXISTED IN THE CITY OF ANNA MARIA FOR AT LEAST TWO YEARS\***

Please give two to three reasons why you believe this nominee should receive this award. Use the back of this page if necessary.

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Name & Address of Nominator : \_\_\_\_\_

Please return this form to City Hall, 10005 Gulf Dr or P.O. Box 779 Anna Maria, FL 34216  
by **no later 4:00 p.m. on January 5, 2024**  
(or via email to [amclerk@cityofannamaria.com](mailto:amclerk@cityofannamaria.com))

THANK YOU FOR YOUR NOMINATION.