

◆ **ELECTED OFFICIALS HALL OF FAME** ◆

CONFIRMATION OF NOMINATION WILL BE MAILED TO
THE NOMINEE IN JANUARY, 2009

2009 NOMINATION FORM

Official's Name: _____ Title: _____

Municipality: _____

Address: _____

Phone Number: () _____

**DATES IN OFFICE AS MAYOR OR MEMBER OF THE GOVERNING BODY
MUST TOTAL 20 YEARS (USE BACK IF NEEDED):**



Name of Individual Completing Form:

Date Form Completed: _____

Phone Number: () _____

Fax Number: () _____



New Jersey State League
of Municipalities

PLEASE MAIL THIS FORM TO:

NJ League of Municipalities

222 West State Street

Trenton, New Jersey 08608

PLEASE KEEP A COPY FOR YOUR RECORDS