



Please submit by December 31st to:

Grace Diaz Shirk
Supervisor
South Rock Island Township
1019 27th Avenue
Rock Island, Illinois 61201
gshirk@sritownship.net
309-788-0496

South Rock Island Township Resident of the Year Nomination Form

I nominate:

Name _____

Address _____

City, State, Zip _____

Email address _____

Phone Number _____

Please identify which Award the nomination is for -

_____ South Rock Island Township Resident of the Year Award

_____ South Rock Island Township Business/Organization of the Year

_____ South Rock Island Township Young Resident Award (through the age of 18 years old)

Please state why you think the above individual/Business/Organization should be recognized. Please attach additional information if needed.

Submitted by: _____

Date: _____

Email: _____

Phone _____