



Recognition Award Request Form

State Capitol Complex Governor's Office 1900 Kanawha Blvd., E., Charleston, WV 25305
Phone: 304-558-2000 Fax: 304-558-2722 Attention: Constituent Services

Please fill in all appropriate information. Once completed, please mail or fax form to the attention of Constituent Services. This request form will provide the appropriate information to the Governor's staff for award consideration.

NAME OF NOMINATOR: _____

DATE OF REQUEST: _____

ADDRESS OF NOMINATOR: _____

PHONE: DAY _____ EVENING _____ CELL _____

TYPE OF RECOGNITION AWARD REQUESTED: _____

NAME OF RECIPIENT: _____

BUSINESS OF ORGANIZATION: _____

ADDRESS OF RECIPIENT: _____

DATE OF RECOGNITION AWARD: _____

DATE NEEDED: _____

How is the award to be delivered? Please circle below:

Mail to nominator

Mail to recipient

Pick-up

Special Information & Instructions: (please attach additional information, if necessary)

Birthday Certificate (Date/Age) _____

Retirement Certificate (Department/Organization, Date, Years of Service) _____

Anniversary Certificate (Date/Number of years) _____