TUOLUMNE COUNTY FIRE DEPARTMENT
NOMINATION FOR ANNUAL AWARDS

NOMINEE'S NAME: _____ WORK LOCATION: _____

DATE OF NOMINATION: _____ SUBMITTED BY: _____
(OPTIONAL)

PLEASE INDICATE WHICH AWARD YOU ARE NOMINATING AN INDIVIDUAL FOR:

GENERAL REASON FOR NOMINATION:

SPECIFIC EVENT (S) AND/OR OTHER BACKGROUND INFORMATION:

Please return nominations to TCFD Administration by November 1st each year to cover the period of November 1 – October 31 of the previous year.

Email your nominations to: fire@co.tuolumne.ca.us
Or go to the website: https://www.tuolumnecounty.ca.gov/1473/Fire-Department and fill out the nomination form online.