



WALL OF RECOGNITION NOMINATION

Submit your completed Wall of Recognition Nomination form and any attachments to the City Clerk's Office by mail, drop-off or e-mail. For more information about the Public Recognition Program, please visit the City's website at www.cityofirvine.org/publicrecognition. Thank you for your nomination.

MAIL: City of Irvine
P.O. Box 19575
Irvine, CA 92623-9575
ATTN: City Clerk

DROP-OFF: Main Reception, 1st Floor
1 Civic Center Plaza
Irvine, CA 92606
ATTN: City Clerk

E-MAIL: clerk@cityofirvine.org

			DATE
NOMINEE INFORMATION			
NAME		PHONE (Day)*	
ADDRESS*		PHONE (Evening)*	
CITY	STATE	ZIP	E-MAIL*

NOMINATED BY			
NAME		PHONE (Day)*	
ADDRESS*		PHONE (Evening)*	
CITY	STATE	ZIP	E-MAIL*

IRVINE RESIDENCY AFFIRMATION			
Affirm that the nominee is now or has been an Irvine resident. For the Wall of Recognition, a resident is defined as an individual who has lived, been employed, or been a student of a school within the City of Irvine. Indicate years of residency, if known, or dates business/organization was in Irvine.			
<input type="checkbox"/> RESIDENT	DATES	TO	
<input type="checkbox"/> BUSINESS/WORK	DATES	TO	
<input type="checkbox"/> SCHOOL	DATES	TO	
<input type="checkbox"/> ORGANIZATION	DATES	TO	
<input type="checkbox"/> OTHER	DATES	TO	

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ELIGIBILITY

Indicate one or more criteria:

- NOMINEE DEMONSTRATED CREATIVITY AND/OR INITATIVE IN PROVIDING SERVICE TO THE COMMUNITY.
- NOMINEE PROVIDED LONG-TERM SERVICE TO THE COMMUNITY, THE STATE OR THE NATION.
- NOMINEE PROVIDED UNIQUE CONTRIBUTIONS THAT ARE MARKED BY EXCELLENCE AND WORTHY OF HONOR.
- NOMINEE MADE A DISTINCT, SIGNIFICANT CONTRIBUTION TO THE BETTERMENT OF THE CITY.
- NOMINEE DEMONSTRATED EXCEPTIONAL DETERMINATION, CHARACTER, COMMITMENT, AND/OR LEADERSHIP.
- NOMINEE DIED IN THE LINE OF DUTY SERVING THE CITY, THE STATE OR THE NATION.
- OTHER _____

JUSTIFICATION FOR THE RECOGNITION

Provide a written statement explaining why the nominee should be recognized. Attach additional sheets if necessary.

CITY AFFILIATIONS

Please provide any City affiliations, such as serving on City commissions, committees, or boards; or service to other community affiliations, Irvine charitable organizations, community organizations or businesses.

ROLE/POSITION	DATES OF SERVICE

FOR OFFICE USE ONLY

DATE RECEIVED _____ ASSIGNED TO _____ STATUS _____
