



Westchester Regional EMS Council Unit Citation Nomination

Name of Organizations

Type of Organization _____

Address of Organization _____

City _____ State _____ Zip _____ Phone () _____

Commanding Officer _____

Work Phone () _____ Email _____

NOMINATOR INFORMATION

(Please complete legibly - all notifications and information will be mailed to the address listed below.)

Name _____

Role / Title _____

Organization _____

Address of Organization _____

City _____ State _____ Zip _____

Work Phone () _____ Email _____

Signature _____

Date _____

**PLEASE ATTACH ANY SUPPORTING DOCUMENTATION (LETTER OF COMMENDATION,
INCIDENT REPORT, NEWS RELEASE, ETC.) TO THIS FORM.**

SEE AWARD RULES AND REGULATIONS FOR MORE INFORMATION.

SUBMISSION DEADLINE: Must be postmarked by JANUARY 20th

PLEASE COMPLETE PART II



Unit Citation Award Nomination (Part II)

**BASED ON THE ENCLOSED CRITERIA, PLEASE DESCRIBE THE SPECIFIC ACHIEVEMENT (S)
THAT QUALIFY THIS ORGANIZATION TO BE CONSIDERED FOR A UNIT CITATION:**