



GOOD NEIGHBOUR RECOGNITION PROGRAM
NOMINATION FORM

Nominee:

Name: _____

Address: _____

Phone: _____ Email: _____

Nominator:

Name: _____

Relationship to Nominee: _____

Address: _____

Phone: _____ Email: _____

Please give a description of why you believe this person exemplifies the qualities of a good neighbour. In short, "What make this person a "Good Neighbour?"

You may attach additional information to this nomination form if you wish.

This form can be emailed to admin@oxbow.ca or sent to:

Town of Oxbow
319 Main Street
Box 149
Oxbow, SK S0C 2B0

Forms are available on the Town of Oxbow website at www.oxbow.ca.