



THE 100 HUNDRED CLUB OF BUFFALO, INC.
"Serving Those Who Serve"

**2016 HERO AWARD NOMINATION
FORM**

Nominating Agency:

_____ (Name)

_____ (Address)

_____ (City, State & Zip)

Nominating Officer:

_____ (Print Name and Rank)

_____ (Work Phone)

_____ (Fax Number)

NOMINEE:

_____ (Last Name) (First Name) (Rank)

Nominee's Supervisor:

_____ **Work Phone #** _____

**ATTACH OR WRITE A DETAILED NARRATIVE OF THE INCIDENT SURROUNDING
THE NOMINATION. (Supportive documents optional)**

ATTACH ADDITIONAL PAGES AS NEEDED

Nominator's Signature: _____ **Date:** _____

Agency Head Signature: _____ **Date:** _____