THE ONE HUNDRED CLUB OF BUFFALO, INC.

"Serving Those Who Serve"

2017 HEROES 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. (No supportive documents please.)

ATTACH ADDITIONAL PAGES AS NEEDED

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

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