



2017-2018 NOMINATION FORM

- Telecommunicator of the Year
 TEAM Telecommunicators of the Year

Nominee's Information

Name:		
Agency:		Job Title:
Address/City/Zip:		
Phone #:	Fax #:	Email:
Supervisors Name:		

• Please attach separate page(s) to this form detailing the outstanding action(s) of nominee(s).

Also include any corresponding information substantiating the nomination.

Nominator's Information

Name:		Supervisors Name:
Agency:		Job Title:
Address/City/Zip:		
Phone #:	Fax #:	Email:

Submit nomination forms and corresponding substantiating material By February 15th, 2018

Teresa Todd, Chairperson
APCO Telecommunicator of the Year Award
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