



Brave Citizen Award Nomination Form

The Brave Citizen Award was established to recognize residents of Hillsborough County who have demonstrated exceptional bravery.

Name of Nominee (individual or group) _____

Contact Person (for group nomination) _____

Telephone: _____

Address: _____

Biographical Information Regarding Nominee: _____

Please explain why this person or group should be considered for the Brave Citizen Award: **(Supporting information, up to three pages, may be provided)**

Submitted by: _____ Phone: _____

Address: _____

Please Return This Nomination Form To:

**Citizen Action Center
P. O. Box 1110
Tampa, FL 33601
Fax: (813) 276-2621**