



**City of Monticello, Indiana**

**ADA Advocacy Award**

**Nomination Form 2017**

**Description/Requirements:** This award is intended to recognize and affirm a business or individual within the community, who exemplifies advocacy, service, and commitment to persons with disabilities. The nominee should be a champion of persons with access and functional needs, and should illustrate such through words, actions, and deeds

**Nominee's name:**

**Profession:**

**Address:**

**Place of Employment:**

**Telephone:**

**Write a brief explanation of how the nominee exhibits the principles embedded within the Americans with Disabilities Act. (Feel free to continue on the reverse side.)**

**Nominated by:** \_\_\_\_\_ **Date:** \_\_\_\_\_