



City of Monticello, Indiana

ADA Trailblazer

Nomination Form 2018

Description/Requirements: This award is intended to recognize and affirm a *Trailblazer* within the community. This person is *an individual with a lived disability* experience who demonstrates commitment to improving the lives of persons with disabilities.

Nominee's name:

Address:

Telephone:

Write a brief explanation of how the nominee exhibits the requirements above. Please list any groups or organizations that the nominee maybe be affiliated. (Feel free to continue on the reverse side.)

Nominated by: _____ Date: _____

