



Name of person(s) nominating

.....

I/We would like to nominate :

.....

(an individual or a group or organisation)

.....

(address of nominee)

Reasons for Nomination :

(Please refer to the criteria for nomination)

Signed:-..... Date:-.....

Address:-.....

.....

.....

Telephone Number:-.....

E mail:-.....

**Town Clerk
Holt Town Council
Nelson House, 2 White Lion Street
Holt, Norfolk
NR25 6ba**

Email holttowncouncil@gmail.com

www.holttowncouncil.org

MUST BE RETURNED BY 13 MAY 2019