



## FLEET MANAGER OF THE YEAR AWARD

### Nomination Form

#### **Nominee Information**

Job Title:

Unit of Government:

Address:

City (North Carolina):

Daytime Phone Number:

#### **Nominator Information**

Title:

Unit of Government:

Date:

Daytime Phone Number:

Email address:

A narrative description must be included with each nomination form describing why the person is being nominated.

Please submit to [Cindy.Forrester@gastonianc.gov](mailto:Cindy.Forrester@gastonianc.gov)

### **QUESTIONS**

Contact:

Cindy Forrester

Division Manager of Fleet Services

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