



Michigan Municipal Executive Outstanding Assistant Award Nomination Form

Name of Nominee: _____

Community: _____

Phone Number: _____

This award recognizes the deputy or assistant manager or administrator that has demonstrated outstanding performance, particularly with a special project or during a period of unique conditions and circumstances.

Describe the activities the Nominee has participated in which would qualify them for the Outstanding Assistant Award. Please attach additional information, articles, reports that further substantiate the nomination.

Name of Person Nominating: _____

Email Address: _____

Phone Number: _____

Please submit nominations to awardnominations@mme.org