ILLINOIS STATE
BAR ASSOCIATION

# Law Enforcement Award

## NOMINATION FORM

## NOMINATION SUBMITTED BY:

_____
Name/Title

_____
Organization

_____
Address

_____
City/State/Zip Code

_____
Daytime Telephone Number

## NOMINEE:

_____
Name/Position

_____
Employing Agency

_____
Address

_____
City/State/Zip Code

_____
Supervisor/Title

## DESCRIPTION OF CONDUCT SUPPORTING NOMINATION:

(Continue on additional pages as necessary and include any supporting documentation)

_____

_____

_____

Signature of Nominator _____ Date _____

## NOMINATIONS SHOULD BE RETURNED BY MARCH 6, 2015 TO:

ISBA Marketing and Communications Committee
Attn: Chris Bonjean
Illinois State Bar Association
20 S. Clark St., Ste. 900
Chicago, IL 60603