

**CITIZEN OF THE YEAR   
NOMINATION FORM 2024**

**Details of the person being nominated:**

Name: ................................................................................................................................................................

Occupation: ............................................................... Age over 25 years: Yes / No

Address: ............................................................................................................................................................

Postcode: ................... Email: ...........................................................................................................................

Phone: ................................................................ Telephone (Bus): .................................................................

Email: .................................................................................................................................................................

**Details of the person submitting the nomination:**

Name: ................................................................................................................................................................

Organisation represented (if any): .................................................................................................................

Address: ............................................................................................................................................................

Postcode: ..................... Email: .........................................................................................................................

Phone: ……...…………............................................ Telephone (Bus): .................................................................

Signature: ...................................................................................................................................................

**List the contributions demonstrated by the nominated person to the betterment of Ararat Rural City community:**

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**List any activities undertaken by this individual which show a short- or long-term benefit for others:**

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**List details showing they are a positive role model to the community or peers:**

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**List activities undertaken that promote the welfare and wellbeing of the Ararat Rural City Community:**

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**Other persons who may be contacted for further information about the nominee:**

Name: ........................................................... Name: ................................................................

Position: ...................................................... Position: .............................................................

Address: ...................................................... Address: .............................................................

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Phone: ………................................................. Phone: ………….....................................................

**Please return this completed form to:**

Ararat Rural City Council

Attention: Executive Officer

59 Vincent Street, or

PO Box 246

Ararat Vic 3377

**By 5.00pm Wednesday 10 January 2024**

Logo, company name

Description automatically generated