

Pennsylvania State Mayors' Association 2025 Mayor of the Year Nomination Form

ominator/Ma	ominator/Mayor						
Nominator's Name:					Mayor's Name:		
Municipality:					County:		
Nominator's Telephone Number:					Email:		
lunicipal Infor	rmat	ion					
Number of Y				Size of Police Department:			
Other Municipal Appointed/Elected Positions Held: (Fill in the Years and Title below)							
Dates	-ipu.	Appointed, 2.2323	Title/Position			-	
Dutes	Dates						
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		-					
Current/Past Active Organizational Memberships:							
Dates		Organization Name			Title		
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wards						1	
Date	Award			escription			
 							
	 						
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