

NEW YORK STATE DEPUTIES ASSOCIATION, INC. OFFICER OF THE YEAR NOMINATION

Name of Nominee: _____

Nominee's Title: _____

County of Employment: _____

Correction Employee

Law Enforcement Employee

Contact information for person submitting nomination

Name: _____

E-Mail: _____

Phone: _____

Date submitted: _____

Attach a detailed explanation of the actions that led to the nomination. In addition to a narrative explanation, submissions may include police reports, news accounts, photos, or any other relevant materials.

Nominations and accompanying documentation may be e-mailed to executivedirector@nysdeputy.org, or sent via US Mail to:

New York State Deputies Association, Inc.
Attn: Officer of the Year Committee
61 Laredo Dr.
Rochester, NY 14624

Nominations must be postmarked or e-mailed by March 1.