ORANGE COUNTY SUPERVISOR DOUG CHAFFEE KINDNESS AWARDS

YOUR NAME: _____

YOUR PHONE NUMBER: _____ YOUR EMAIL: _____

NAME OF THE PERSON YOU'RE NOMINATING:

NAME: _____

NOMINEE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

DESCRIBE THE NOMINEE'S EXCEPTIONAL ACT(S) OF KINDNESS OR COMMUNITY SERVICE

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