

RECOMMENDATION FOR AWARD

Rank & Name _____

Department Case Number _____ **Date/Time of Incident** _____

(Copies of All Reports Must Be Attached)

Class of Award: VALOR AWARD { } Life Saving { } Medal of Distinction { }

Reason for Recommendation: _____

Signature of Person Making Recommendation

Date of Recommendation

TO BE COMPLETED BY AWARDS COMMITTEE

Approved { } Denied { }

Comments: _____

President

Date