

ORDER OF FRIENDSHIP NOMINATION FORM

**Contact Information:**

Trustee Name:	
Trustee Signature:	
Date:	

Agreement and Signature:

By submitting this nomination, I affirm that the facts set forth in it are true and complete. I understand that if I the nominee is chosen, any false statements, omissions, or other misrepresentations made by me on this form may result in a dismissal of the submission.

Nominee Name:	
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Contribution:

Summarize the nominee's contributions to Ottawa Public Library which merit the nomination. Please include references as well as any supporting documentation to help provide context.

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