



1201 NEO Loop Grove, Oklahoma 74344

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www.cityofgroveok.gov

WALL OF HONOR NOMINATION FORM 2024 – CATEGORY 1

Date: _____

Category No. 1

(See Page 3 of Application)

Name of Nominee: _____

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____ Cell : _____

Residency/Service to community in Grove: _____ years

PART I: BIOGRAPHICAL INFORMATION

Family: _____

Education: _____

Occupation: _____

PART II. COMMISSIONS/ORGANIZATION(S) SERVED

Commission/Organization(s)

Dates Served

Part III. REFERENCES (Provide a minimum of three)

Name of Reference: _____

Address: _____

City, State and Zip Code: _____

Telephone: _____ Organization : _____

Name of Reference: _____

Address: _____

City, State and Zip Code: _____

Telephone: _____ Organization : _____

Name of person(s) making nomination: _____

Address: _____

Phone: _____

This information is needed for notification purposes. Anonymous nominations will not be considered.