

# Freeman Nomination Form

## Confidential



### Your Details

First Name:

Surname:

Address:

Suburb:

Post Code:

Postal Address (if different to above):

Phone (H):

(W):

Mobile:

Best time to contact you:

Email:

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### Nominee Details

Name:

Nature of Relationship:

Phone:

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**Please briefly outline your relationship or involvement with the Nominee:**

**In your own words, please describe the nominee's contributions to the community:**

**Why do you believe the nominee should be recognised as a Freeman of the City**

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### Declaration

I confirm that the information provided in this nomination is true and accurate to the best of my knowledge.

I confirm that I am not related to the nominee.

I declare that I have no actual or perceived conflict of interest in making this nomination.

I consent to the City of Kalamunda using the information provided to assess this nomination and prepare a Council report

Signature:

Date:

Name (please print):

Witnessed:

Date:

Name (please print):

### Your nomination can be submitted via

**Email**      **enquiries@kalamunda.wa.gov.au**

**Post**        **PO Box 42, Kalamunda WA 6926**

**In Person**   **Administration, 2 Railway Road, Kalamunda**