



New England
Water Works Association
 a Section of the American Water Works Association

*******Deadline for Submittal: July 1st**

*******ENTRY FORM Please send form to:**

*****New England Water Works Association
 *****Attn: CdYfUhc f GYfj JW 5k UfX
 *****125 Hopping Brook Park
 *****Holliston, MA 01746

ENTRY FORM

OPERATOR MERITORIOUS SERVICE AWARD

1. **Nominee's Full Name:** _____

Nominee's Title: _____

Utility Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **E-mail:** _____

2. **Eligibility:** Recognition of special performance in one or more of the following. Please check the area(s) of the nominee's accomplishments.

Continuous compliance with all public health standards in treated drinking water.

Consistent and outstanding contribution to plant maintenance thereby prolonging the useful life of equipment.

The development of new and/or modified equipment or significant process modifications to provide for more efficient and/or effective treatment.

Special efforts in the training of treatment plant operators.

Special acts not directly related to water treatment, but which demonstrate dedication to the public beyond the normal operating responsibilities.

Consistent and outstanding contribution to operation and/or maintenance of distribution lines, pump stations and reservoirs.

3. **Justification:** Nominee's accomplishments which entitle him/her to receive this award.

4. **Biographical Data:** Please complete the Biographical Information Data Form on the next page.

5. **Citation:** Please provide recommended citation of 50 words or less.

Submitted by: _____
 Name (please print) Date

Mailing Address: _____

Phone: _____

E-mail: _____

NOMINEE BIOGRAPHICAL INFORMATION

A. Brief employment history:

B. Civic organization memberships (Lions, Kiwanis, schoolboard, etc.):

C. Year joined AWWA: _____

Offices held (indicate whether section or Association-level):

D. Professional organization memberships:

E. Professional awards or honors received. Give year and identify awarding organization:

F. College(s):

Year

Degree

Attach additional information as necessary.