

Iowa Falls Community Service Award

Nomination:

Name: _____

Address: _____

Telephone: Days:_____ Evening:_____

Community Service History: List types of community service and /or projects in which the candidate has participated. Provide a brief summary.

Organizational Affiliations: List fraternal, civic and community organizations to which the candidate belongs. Indicate leadership/volunteer positions held by candidate.

Please give your reasoning as to why the candidate should receive this award.

Nominated by: _____

Address: _____

Telephone: Days_____ Evening_____

Please return this form to the Iowa Falls Chamber/Main Street at 520 Rocksylvania Avenue, Iowa Falls, IA 50126 by **May 22, 2026**

If you have questions, please contact the Chamber/Main Street office at 641-648-5549.

(Please, No more than 2 pages of supporting documentation)