



**COOK COUNTY STATE'S ATTORNEY'S OFFICE
C.F. Stradford Awards Ceremony
NOMINATION FORM**

| NOMINEE INFORMATION | |
|-------------------------------|--|
| NAME/ORGANIZATION: | |
| TITLE: | |
| ADDRESS: | |
| TELEPHONE/FAX NUMBERS: | |
| EMAIL: | |

***If nominating an organization please include who at the organization we should contact if nomination is selected for the award.

| NOMINATOR | |
|-------------------------------|--|
| NAME: | |
| ORGANIZATION: | |
| ADDRESS: | |
| TELEPHONE/FAX NUMBERS: | |
| EMAIL: | |