



**Municipal Affairs
Building and Fire Safety
Office of the Fire Marshal**

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PARTNERSHIP AWARD

Purpose:

To recognize outstanding contributions made by community groups, businesses, and organizations. The groups or businesses nominated have provided exemplary assistance to the fire service. (May include funds, equipment, land, time off from work, etc.)

Criteria:

- A. Have had a positive impact on the fire service within a Nova Scotia community.
- B. Have contributed time, energy and resources towards improving community protection from fire.

(Correct Spelling is Essential)

NOMINEE	NOMINATOR (Your Name)
Name of Organization as it should appear on an award:	Name and Title:
Address including postal code:	Fire Dept./Related Association:
Include name of individual who will accept award: Address including postal code: Telephone:	Address including postal code: Home Tel.: Bus. Tel.:

Please answer each question if possible. Attach separate sheets as necessary.

Please explain in full the reason for the nomination.

What benefit did the department receive?

Is this an ongoing benefit?

Has the nominee received any remuneration for his or her contribution ✓? Yes No

If possible, describe the direct or indirect impact the program has had or may have on fires within the community.

Provide all supporting documentation, e.g. copies of press releases, awards, letters from the public, etc.

Have you enclosed additional pages or other items ✓? No Yes Please list enclosures here:

Submitted by: _____
(Please print)

Title and Organization: _____

Date submitted: _____

I can be reached by telephone during the day at:() Fax:()

**NOTE: Forward nominations to the Office of the Fire Marshal (see address on first page)
Nominations must be received no later than December 31 of the year submitted**

For assistance in completing this form, please contact this office.

NOTE: Successful nominee will be notified by the nominating fire department following the selection by the Office of the Fire Marshal Awards Committee.