



IOWA  
ASSOCIATION OF MUNICIPAL  
UTILITIES

# Nomination for **IAMU HONOR ROLL**

**ELIGIBILITY:** Any *retiring* official or employee of an IAMU member system with at least 20 years of service in the municipal utility business and with at least 10 years active participations in IAMU.

**CRITERIA:**  
Nominee must be recognized for outstanding contributions to the IAMU member utility system in furthering the member system's objectives.

**PLEASE RETURN TO:**  
IAMU  
Nominations and Awards Committee  
1735 NE 70th Ave.  
Ankeny, IA 50021-9353

**NOTE:** Use additional pages if necessary.

I nominate for consideration for the  
**IAMU HONOR ROLL:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Present Position

\_\_\_\_\_  
Utility

\_\_\_\_\_  
City and State

**THE NOMINEE IS RECOMMENDED FOR THIS  
AWARD ON THE FOLLOWING BASIS:**

**1.** Number of years affiliated with the IAMU member system:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2.** Contributions to the IAMU member system:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3.** Local contributions to the municipal utility industry:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4.** Additional qualifications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Nominator

\_\_\_\_\_  
Utility

\_\_\_\_\_  
Date