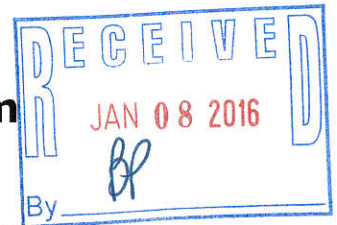




City of Griffin Nomination Form



NOMINATION FOR APPOINTMENT TO:

The Griffin Main Street Advisory Board

(Name of Committee / Board / Authority)

Date:

Name:

Address:

(City)

(State)

(Zip)

Contact Telephone(s):

Home:

Work:

Cell:

Occupation:

Business Address:

Education / Experience / Background :

Other Committees, Boards, Authorities, etc. presently serving on:

Other pertinent information:

Nominee / Nominator Signature: