



Office of the City Manager, Kenny Smith
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NOMINATION FOR APPOINTMENT TO

Council on Aging

(Name of Committee / Board / Commission / Authority)

Date: 1-6-17

Name: Denise Eady

Address: 732 West TAYLor Street

City / State / Zip Griffin, GA 30224

Telephone: Home 770-229-4673 **Work** _____

Cell _____

Occupation: _____

Business Address: _____

Education / Experience / Background :

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

Other pertinent information:

Currently serving on Council on Aging - Desires to continue

denise@Eternalhopehospice.com

Nominee / Nominator Signature _____

Growing, **TOGETHER**

Board Of Commissioners: Cora Flowers • Rodney McCord • Ryan McLemore • Dick Morrow • Joanne Todd • Cynthia Ward • Doug Hollberg, Chairman