

DISABILITIES ADVISORY BOARD OF THE CITY OF WEST HOLLYWOOD
2024 DISABILITY SERVICE AWARD NOMINATION

Please type or print all responses.

I am nominating _____ to receive a 2024 Disability Service Award.

Nomination is for the following category (*categories below*):

Individual Business Media* Non-Profit Organization

(*Media includes Film, TV, Print, Radio, Internet and Social Media)

Nominee Contact Information:

Phone Number:

E-mail address:

Nomination Submitted By:

Name:

Phone Number:

E-mail Address:

The Board encourages you to attend its **August 28, 2024** meeting to speak on behalf of your nominee.

Please submit nominations by **Friday, August 2, 2024 at 5pm**, via one of the following methods:

1. **E-mail to:** jbritton@weho.org
2. **Fax to:** (323) 848-6565, Attn: Joyce Britton
3. **Mail to:** Joyce Britton, Human Services
West Hollywood City Hall
8300 Santa Monica Blvd.
West Hollywood, CA 90069

For additional information, please call the Human Services Division at (323) 848-6510.

TTY for the Deaf and Hard of Hearing (323) 848-6496

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(Please submit all nominations by Friday, August 2, 2024 at 5pm)

Please type or print all responses.

I am nominating _____ to receive a 2024 Disability Service Award.

Nomination Criteria:

- Please identify how the nominee has worked on accessibility issues.
- How has the nominee identified and worked toward correcting any non-compliance with the Americans with Disabilities Act?
- How has the nominee demonstrated advocacy on behalf of people living with disabilities?
- Please list any current events that demonstrate the nominee's commitment to disability issues.

Please describe how the nominee fulfills at least one of the above criteria: