

DISABILITIES ADVISORY BOARD OF THE CITY OF WEST HOLLYWOOD

2024 DISABILITY SERVICE AWARD NOMINATION

Please type or print all responses.

**I am nominating the following 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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THE CITY OF WEST HOLLYWOOD**

**2024 DISABILITY SERVICE AWARD
NOMINATION**

***(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: