

# **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 **Thursday, August 15, 2024 at 5pm**, via one of the following methods:

**1. E-mail to:**

**[jbritton@weho.org](mailto: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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**DISABILITIES ADVISORY BOARD OF  
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:**