

# SRAR Good Samaritan Award

## NOMINATING FORM

**Name of Nominee:** \_\_\_\_\_

**Nominee's Contact Information:**

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Street address	City	Zip Code
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Phone Number	Email Address
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**Please describe the accomplishments that qualify this Nominee:**  
(Attach additional sheet if needed)

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**Nominated by:** \_\_\_\_\_

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Phone Number	Email Address
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Please complete all information. Accomplishments should be explained in detail.  
Forms can be submitted via email to [kathleen@srar.com](mailto:kathleen@srar.com), in person via the drop box in the  
SRAR lobby, or mailed to:  
SRAR Good Samaritan Award  
7232 Balboa Blvd., Van Nuys, CA 91406  
Questions? Call Kit at 818-947-2236