## SULLIVAN BROTHERS' AWARD OFFICIAL NOMINATION FORM



ATTENTION: Sergeant Alex Dinkla Iowa Department of Public Safety Iowa State Patrol Division 215 East 7<sup>th</sup> Street Des Moines, Iowa 50319 Telephone: (515) 725-6090

Website: https://dps.iowa.gov/divisions/commissioners-office/awards

NOMINEE INFORMATI	ON			
NAME:			Date of Birth:	
Last	First	Middle		
ADDRESS:			IA State	
Street		City	IA State	Zip
EMAIL ADDRESS:				
HOME PHONE #:/ -	WORK PHONE #	/ -	ALTERNATE #:	/ -
OCCUPATION:				
PARENT'S NAME:				
Applica	able for children under the age of 18			
ADDRESS: (If different from above	Street		IA	
	Street	City	State	Zip
HOME PHONE #:/ -	WORK PHONE #	/ -	ALTERNATE #:/	-
PERSON SAVED INFOR	MATION (1)			
NAME:			Date of Birth:	
Last	First	Middle	<del></del>	
ADDRESS:			IA	
Street		City	IA State	Zip
HOME PHONE #:/ -	WORK PHONE #	/ -	ALTERNATE #:	/ -
	MATION (2)			
PERSON SAVED INFOR	• •			
NAME: Last	First	Middle	Date of Birth:	
ADDRESS:			IAState	
Street		City	State	Zip

## WITNESS INFORMATION (1)

NAME:			Date of Birth:	
Last	First	Middle		
ADDRESS: Street			IA State	
Street		City	State	Zip
HOME PHONE #:/ -	WORK PHONE # _	/ -	ALTERNATE #:/	-
WITNESS INFORMATION (2)				
NAME:			Date of Birth:	
NAME: Last	First	Middle		
ADDRESS:			IA	
ADDRESS: Street		City	State	Zip
HOME PHONE #:/	WORK PHONE #	/ -	ALTERNATE #:/	-
INCIDENT INFORMATION				
DATE OF INCIDENT:	TIM	E OF INCIDENT:	AM/PM	
LOCATION OF INCIDENT:			<u>IA</u>	
Street		Ō	City State	Zip
NOMINATOR INFORMATION				
			Date of Birth:	- <u>-</u>
	First	Middle	Date of Birth:	<del></del>
NAME: Last	First	Middle	Date of Birth:	
NAME:	First	Middle City		Zip
NAME: Last ADDRESS:		City	IAState	Zip

## NOMINATOR'S DETAILED DESCRIPTION OF THE INCIDENT ADD ADDITIONAL PAGES IF NEEDED

<sup>\*\*</sup>ENCLOSE VERIFYING DOCUMENTS SUCH AS NEWSPAPER ARTICLES IF AVAILABLE.