GOVERNOR'S LIFESAVING AWARD OFFICIAL NOMINATION FORM



ATTENTION: Lifesaving Committee
Iowa Department of Public Safety
Iowa State Patrol Division
215 East 7th Street
Des Moines, Iowa 50319

Telephone: (515) 725-6090 Fax: (515) 725-6118

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

EMAIL ADDRESS: HOME PHONE #:		
ADDRESS: Street Street WORK PHONE # / - OCCUPATION: PARENT'S NAME: Applicable for children under the age of 18 ADDRESS: (If different from above) Street WORK PHONE # / - City Applicable for children under the age of 18 ADDRESS: (If different from above) Street WORK PHONE # / - PERSON SAVED INFORMATION (1) NAME: Last First Middle ADDRESS: OCITY FIRST Middle PERSON SAVED INFORMATION (2) NAME: Last First Middle	Date of Birth:	
Street City EMAIL ADDRESS: HOME PHONE #:		
Street City EMAIL ADDRESS: HOME PHONE #:	IA State	
HOME PHONE #: WORK PHONE #	State	Zip
OCCUPATION: PARENT'S NAME: Applicable for children under the age of 18 ADDRESS: (If different from above) Street City HOME PHONE #: / - WORK PHONE # / - PERSON SAVED INFORMATION (1) NAME: Last First Middle ADDRESS: Street City HOME PHONE #: / - WORK PHONE # / - PERSON SAVED INFORMATION (2) NAME: Last First Middle		
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HOME PHONE #:	IA	
PERSON SAVED INFORMATION (1) NAME:	State	Zip
PERSON SAVED INFORMATION (1) NAME:	ALTERNATE #: /	-
ADDRESS: Street	Date of Birth:	
HOME PHONE #: / - WORK PHONE # / - PERSON SAVED INFORMATION (2) NAME:		
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PERSON SAVED INFORMATION (2) NAME: Last First Middle	IA State	Zip
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NAME: Last First Middle		
Last First Middle	D	
	Date of Birth:	
ADDREGG	T.A.	
ADDRESS: City	IA State	Zip
HOME PHONE #:/ WORK PHONE #/ -		

WITNESS INFORMATION (1)

NAME:			Date of Birth:	
Last	First	Middle		
ADDRESS:			IA	
ADDRESS: Street		City	IA State	Zip
HOME PHONE #:/ -	WORK PHONE #	/ -	ALTERNATE #:	/ -
VITNESS INFORMATION (2)				
NAME:			Date of Birth:	
Last	First	Middle	<u> </u>	
ADDRESS:			IA	
ADDRESS: Street		City	IA State	Zip
	WODY DUONE #	/ -	ALTERNATE #:	/ -
	WORK PHONE #	,		
NCIDENT INFORMATION DATE OF INCIDENT:		E OF INCIDENT:	AM/PM	
NCIDENT INFORMATION DATE OF INCIDENT: LOCATION OF INCIDENT: _ Street		E OF INCIDENT:		
NCIDENT INFORMATION DATE OF INCIDENT: LOCATION OF INCIDENT:		E OF INCIDENT:	——————————————————————————————————————	
NCIDENT INFORMATION DATE OF INCIDENT: LOCATION OF INCIDENT: Street NOMINATOR INFORMATION NAME:	TIME	E OF INCIDENT:	——————————————————————————————————————	e Zip
NCIDENT INFORMATION DATE OF INCIDENT: LOCATION OF INCIDENT: _ Street	TIME	E OF INCIDENT:	AM/PM IA City Stat	e Zip
NCIDENT INFORMATION DATE OF INCIDENT: LOCATION OF INCIDENT: Street NOMINATOR INFORMATION NAME: Last ADDRESS:	TIME	E OF INCIDENT:	AM/PM LA City Stat Date of Birth:	e Zip
NCIDENT INFORMATION DATE OF INCIDENT: LOCATION OF INCIDENT: Street NOMINATOR INFORMATION NAME: Last	TIME	E OF INCIDENT:	AM/PM IA City Stat Date of Birth:	e Zip

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

^{**}ENCLOSE VERIFYING DOCUMENTS SUCH AS NEWSPAPER ARTICLES IF AVAILABLE.