CITY OF SALINAS

HISTORIC RESOURCE BOARD

CERTIFICATE OF APPRECIATION NOMINATION FORM

Contact Information:

Name:_____

Phone:_____

Email:_____

Nominee Information:

Name:_____

Address (for projects):_____

Description of work to be honored (*provide a brief explanation of the person or project to be recognized and how the person or project has preserved, improved, or enhanced the historic resources located within the city of Salinas*):

Attachments (provide relevant documents or photos to support the nomination)

DRAFT