



Name of person(s) nominating

.....

I/We would like to nominate (an individual or group or organization based in Holt :

.....

Address of nominee

.....

.....

Telephone Number of nominee (if known)

.....

E-mail address of nominee if known

.....

**Reasons for Nomination :
(Please refer to the criteria for nomination)**

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..... (please attach another sheet if needed).

Signed by Nominator :-.....

Date:-.....

Address of Nominator: -

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Telephone Number of Nominator: -

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E mail of Nominator: -

.....

Please return to;
Town Clerk
Holt Town Council
Nelson House
2 White Lion Street
Holt, Norfolk
NR25 6BA
Email info@holttowncouncil.gov.uk

MUST BE RETURNED BY NOON ON 17TH APRIL 2025

www.holttowncouncil.gov.uk



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