OPERATOR’S MERITORIOUS SERVICE AWARD

Deadline for Submission ______________
Return To: James Macri
Address: Village of Scarsdale
Village Hall, 1001 Post Rd
Scarsdale, New York 10583

Nominee Utility

1. Full Name: __________________________    Name:____________________________
Title:_______________________________    Address:___________________________
Mailing Address: _____________________
__________________________________
__________________________________
__________________________________
__________________________________
Phone No.(____) _____________________    Phone No.(____)_____________________

2. Eligibility: Please note the area(s) of the nominee’s accomplishments.
   a. Continuous compliance with public health standards in finished water. _________________
   b. Consistent and outstanding contribution to plant maintenance thereby prolonging the useful lives of equipment. _________________
   c. The development of new and/or modified equipment or significant process modifications to provide for a more efficient or effective treatment. _________________
   d. Special efforts in the training of treatment plant operators. _________________
   e. Special acts not directly related to water treatment, but which demonstrate dedication to the public beyond the normal operating responsibilities. _________________
   f. Consistent and outstanding contribution to operation and/or maintenance of distribution lines, pumps stations and reservoirs. _________________

3. Justification: Please note the nominee’s accomplishments which entitle him/her to receive this award.
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

4. Biographical Data: Please complete the Biographical Data Form on the back of this sheet.

5. Citation: Please provide recommended citation of 50 words or less._________________
   ___________________________________________________________________________
WESTHESTER WATER WORKS CONFERENCE

 Submitted By: ____________________________________________

 Name (Please Print) ____________________________________________________________________________ Date

 Mailing Address: ____________________________________________________________________________

 Phone: (___) __________________ Fax: (___) ____________

 BIOGRAPHICAL INFORMATION
 (Print Clearly or Type)

 a. Brief employment history: ____________________________________________________

   ____________________________________________________________________________

   ____________________________________________________________________________

 b. Civic organization memberships (Lions, Kiwanis, school board, etc.): __________

   ____________________________________________________________________________

   ____________________________________________________________________________

   ____________________________________________________________________________

 c. Year joined AWWA: _______ and offices held (indicate whether Section or Association-level):

   ____________________________________________________________________________

   ____________________________________________________________________________

   ____________________________________________________________________________
d. Professional organization memberships:__________________________________________

e. Professional awards or honors received. Give year and identify awarding organization:

_________________________________________________________________________

_________________________________________________________________________

f. College(s):_____________________________Degree:_____________________________

________________________________________ & Year:

______________________________


g. Publications- List three major publications:________________________________________

_________________________________________________________________________

_________________________________________________________________________

________________________________________

'Attach additional information as necessary.'