



## 2010 William Fitzsimmons Awards Nomination Form

Dear Community Member:

In honor of National Public Health Week, April 5 - 11, the Oak Park Department of Public Health will be presenting its annual Dr. William Fitzsimmons Awards.

We would like to provide you with the opportunity to recognize and thank those who have contributed their time and talent to improving the health of our community by nominating them for this prestigious award.

Attached please find the nomination form for the award. Please include as much information as possible about the nominee and how they have contributed to making Oak Park a healthier place to live. All nominees will be recognized for their public health efforts during National Public Health Week.

Please send completed nomination forms to:

Village of Oak Park  
Department of Public Health  
Attn: Elisabeth Bacani  
123 Madison St.  
Oak Park, IL 60302

Forms may also be faxed to 708.358.5116 or e-mail the information requested in the form to [health@oak-park.us](mailto:health@oak-park.us).  
Deadline for nominations is 5 p.m. Friday, March 26.

Questions? Contact Elisabeth Bacani at 708.358.5485.

Sincerely,

Margaret Provost-Fyfe, RN, MPH  
Director of Public Health  
Village of Oak Park

*Attachment*



## 2010 William Fitzsimmons Awards Nomination Form

In celebration of National Public Health Week, the Oak Park Department of Public Health sponsors the Dr. William Fitzsimmons Public Health Awards. These awards honor residents who have gone above and beyond the call of duty in creating a healthier Oak Park. The recipients of these awards will be recognized during National Public Health Week April 5 – 11, 2010.

The Oak Park Department of Public Health appreciates your nominations for the Fitzsimmons Awards. Current and past employees of the Oak Park Department of Public Health are not eligible. Please use the space below to provide information about your nominee. You are welcome to nominate more than one individual, business or other organization.

***Nominations must be received by 5 p.m., Friday, March 26, 2010.***

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### NOMINEE INFORMATION

Name of Nominee and/or Organization

Nominee Street Address

City

State

ZIP

Nominee E-mail Address

Nominee Phone Number

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### SUBMITTER INFORMATION

Name of Person Submitting Application

Submitter Street Address

City

State

ZIP

Submitter E-mail Address

Submitter Phone Number

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### DESCRIPTION

Please describe in 150 words or less how the nominee has helped to create a healthier Oak Park.

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### SUBMISSIONS

Return this form via mail to: Village of Oak Park, Attn: Public Health Awards, 123 Madison St., Oak Park, IL 60302. Or fax to 708.358.5116. E-mail completed PDF form, or an e-mail containing responses to all of the above fields, to **health@oak-park.us**. For questions, call 708.358.5485.