



Letter Carrier Heroes

Official NALC Hero Nomination Form

Hero nominee's information:

First name: _____ Last name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Home phone: _____ Cell phone: _____
Branch #: _____ City: _____ Region #: _____

Nominator's information:

First name: _____ Last name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Home phone: _____ Cell phone: _____
Branch #: _____ City: _____ Region #: _____

Location of heroic or humanitarian act:

Date:

Explanation of heroic or humanitarian act: (include attachment or expanded explanation)

Did the story appear in media? (TV, radio, newspaper)

Link/copy attached?

Mail this form to:

Letter Carrier Heroes, NALC, 100 Indiana Ave. NW, Washington, DC 20001-2144