



# Letter Carrier Heroes

## Official NALC Hero Nomination Form

### Hero Nominee Information: All Fields REQUIRED

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Branch #: \_\_\_\_\_ City: \_\_\_\_\_

Region: \_\_\_\_\_ Number of years as a letter carrier: \_\_\_\_\_

Email: \_\_\_\_\_

### Nominator's information:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

Location of heroic or humanitarian act: \_\_\_\_\_ Date: \_\_\_\_\_

Explanation of heroic or humanitarian act: Please provide as many **details** as possible (include attachment or expanded explanation).

Was a police report filed? Yes:  No:  Link/copy attached?

Did the story appear in media? (TV, radio, newspaper) Yes:  No:  Link/copy attached?

*Mail completed form to:*

Letter Carrier Heroes

100 Indiana Ave. NW

Washington, DC 20001-2144