

*Dr. Curtis McClung's Award of Excellence*



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Georgia Association of Chiefs of Police

Nomination Form

Agency: \_\_\_\_\_

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

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Project Contact: \_\_\_\_\_

Rank: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

***Please attach a narrative in the form of a cover letter  
and any correspondence or acknowledgements  
documented on the agencies programs and  
accomplishments.***