

DR. WILLIAM D. HATFIELD AWARD
WEF AWARD
Nomination Form

TO BE COMPLETED BY NOMINATOR

I. NOMINATOR:

Person Making Nomination: _____

Nominating Person's Address: _____

Phone Number: _____

II. NOMINEE:

Name of Nominee: _____

Employer: _____

Title: _____

Address: _____

Phone Number: _____

- III. The Dr. William Hatfield Award is to acknowledge an operator of a wastewater treatment plant for outstanding performance and professionalism. Please list significant contributions the nominee has made as a wastewater operator.
Please provide attachments or additional information as necessary

- IV. Send nomination form to:
Pat Schatz
Kankakee Municipal Utility
850 N. Hobbie Ave.
Kankakee, IL 60901

Or e-mail: peschatz@citykankakee-il.gov

Phone: 815/933-0487 fax: 815933-8762