NOMINATION FORM FOR THE ROLE OF HONORARY ALDERMAN OF SOUTH STAFFORDSHIRE COUNCIL

Please complete the following using either black ink or type (continue on separate A4 sheet if necessary):-

necessary):-		
Name of Person being nominated:	Christine Raven	
Address:	xxxxxxxxxx, Penkridge ST19 xxx	
Tel No:	01785 715xxx	
Please explain how the nomine	e meets the following criteria	a for appointment:
1. How long has the nominee s have served for a minimum of		? The person being nominated must cil.
Christine has severed 20 years on the District Council, from 2003 to 2023.		
2. What eminent services has the nominee rendered during their time on the District Council?		
Christine has given eminent ser as Chairman of the Council and		uring her time on the District Council nmittees.
3. What significant contribution	n has the nominee made to the	he Council and its residents?
	eriod of service; ensuring tha	esenting the residents and business t the residents of her area had an cally.
	-	e conferred the appointment of
Signed:	ov	Print name: Cllr Roger Lees
**	ey.	
Date 14.6.23		

Appendix A

Please return this form to: Lorraine Fowkes, Director Legal & Governance, South Staffordshire Council, Community Hub, Wolverhampton Road, Codsall WV8 1PX who will forward the nomination to the Chairman for his/her consideration.