Massachusetts Association of Italian American Police Officers, Inc

NOMINATION FOR INDIVIUAL AWARD

Type or Print
Name_____

Home Address_____

City_____State_____Zip Code_____Home Phone _____

Police Dept. Employed by_____Rank_____

Branch of Military Service_____Date of service_____

1.Describe service or act of valor and include copy of police reports or newspaper story to document your nomination.
"Note" to receive the E. Roger Ciampa Medal of valor you must have served in combat in the military.

Please Print or Type
Date_____Signature_____

Sponsors_____

Department_____

Address_____

City_____State_____Zip_____Phone #( ) _____ _____ _____

Return To:
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Email mmgiacoppo@verizon.net Web Site - WWW.ITAPO.ORG