



# SHERIFF/PRIVATE SECURITY PARTNERSHIP OF THE YEAR AWARD

## NOMINEE INFORMATION

Name of Nominator

Address

City, State, Zip

Phone

E-Mail Address

Name of Nominee

Sheriffs' Office of the Nominee

Title (Rank) of Nominee

Nominee's Address

Nominee's Phone

Nominee's Cell Phone

Nominee's E-Mail Address



## AWARD APPLICATION

1. In 300 words or less, please summarize why you feel this nominee should be selected as the NSA Sheriff/Private Security Partnership of the Year?
2. Please describe the meritorious activities and major accomplishments of the nominee.
3. Please provide the member number the nominee's Sheriff:  
*Contact [elyons@sheriffs.org](mailto:elyons@sheriffs.org) if you need assistance with locating the number*

## SUBMISSION INSTRUCTIONS

To submit this nominee for consideration, please email the following items to [jschmidt@sheriffs.org](mailto:jschmidt@sheriffs.org)

1. This nomination form.
2. A copy of the nominee's resume.
3. A letter from the nominee's Sheriff endorsing the application on office letterhead.
4. Any additional documents to be considered.

***Applications will be accepted until December 15, 2025  
for 2026 award consideration.***