

## **2017 Nomination Form**

## **Property Nominated** Property Name: Contact Person: Address: Telephone: Cell: Fax: Email: Category: (as described in the Nomination package) ☐ Physical Access – New Construction ☐ Physical Access – Renovation ☐ Sensory Access – New Construction ☐ Sensory Access – Renovation ☐ Small Project ☐ Community Recognition Reason for Nomination: (Max. 200 word executive summary of the project's scope)



## **Architect/Landscape Architect/Designer**

Contact Person:			
Address:			
Telephone:	Cell:	Fax:	
Email:		Website:	
Team Members Directl	y Associa	ated With Accessibility Features	
Name:		Role:	
Nominated By			
Name:			
Organization (if applicable):			
Address:			
Telephone:	Cell:	Fax:	
Email:		Website:	
Access Advisory Committee may be published by the Co	e for promo ommittee (ir	retained by the City of Winnipeg otional and publicity purposes and ncluding on the web). I hereby consent lication (including the web) of the	
Signature:		Date:	



## Deadline for 2017 nominations: Friday June 30, 2017

For more information, contact:

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