

LINDA TOLMONEN MEMORIAL AWARD

Nomination Form

Your Full Name: _____

Your Address: _____

Your Phone Number: _____

Your Email: _____

I, the undersigned, am submitting this request to nominate the following individual for the Linda Tolmonen Memorial Award:

Nominee Name: _____

Nominee Address: _____

Nominee Phone Number: _____

Nominee Email: _____

Reason for Nomination: _____

Complete and submit by email or mail to: samantha.ventura@enbridge.com or 870 Greenwich Lake Road, Dorion ON P0T 1K0. **Deadline for nominations is November 4, 2022.**

I agree to the release of information relating to my reasons by submitting this nomination and publication of my name. I may decline to be identified as the nominating party if I so choose.

Signed: _____ Date: _____