CITY OF MOUNT CLEMENS

LOCAL TREASURE AWARD GUIDELINES

PURPOSE

The purpose of the Mount Clemens Local Treasure Award is to provide recognition to the men and women of our city who have made our city a better place to live through exemplary positive contributions. The spirit of the award is to bring attention to those who have not been recognized and publicly acknowledge their contribution, however large or small.

ELIGIBILITY

a. The nominee must be a resident or business owner of the City of Mount Clemens; and
b. The actions of the nominee must have contributed a positive, lasting, legacy to our city and its residents.

NOMINATION CRITERIA

- Nominations may be submitted by any resident.
- All nominations must be in writing using a nomination form.
- Nomination deadline is Monday, December 21, 2026

SELECTION OF RECIPIENT

The Local Treasure Award selection committee will include the Mayor and members of the City Commission.

AWARD PRESENTATION

The Local Treasure Award will be made annually at a City Commission meeting during the month of February, when both the nominator and the nominee will be available to attend. The recipient will receive a special certificate, and the nominator, Mayor, or City Commissioner will be asked to read their submission during the award presentation.

NOMINATION FORM

On the form provided, the nominator will describe the nominee's accomplishments or contributions to the community and provide reasons for why they feel the nominee is deserving of this award. Examples include civic responsibility, financial contributions, volunteer service, projects accomplished, good deeds done, and being a good neighbor. Forms will be available on the City's website.

Any Candidates who solicit for nominations will be disqualified

CITY OF MOUNT CLEMENS
LOCAL TREASURE AWARD
NOMINATION FORM

Nomination Deadline is Monday, December 21, 2026

Nominee Name_____

Nominee Address_____

_____

Nominee Phone Number Home: _____ Cell:_____

Nominator Name_____

Nominator Address_____

_____

Nominator Phone Number Home: _____ Cell: _____

Please describe the accomplishments or contributions the nominee has made, listing specific examples, and provide reasons you feel the nominee is deserving of this award:

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Nominator Signature: _____

PLEASE RETURN THIS FORM TO: City of Mount Clemens, City Manager's Office
One Crocker Boulevard, Mount Clemens, MI 48043
Or email to evanhuyse@mountclemens.gov

Nomination Deadline is Monday, December 21, 2026

Received by: _____ Date_____