**2016 Great Falls – Cascade County**

**Historic Preservation**

**Awards Nomination**

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| --- | --- |
| Name of Person or Building you are nominating: (you may nominate yourself) |  |
|
| Nominee's Address: |  |
| Nominee's Phone Number: |  |
| Why should this person/building receive a historic preservation award? (Pictures would be appreciated. You may also want to submit additional materials.) |  |
|
|
| Your Name: |  |
| Your Address: |  |
| Your Phone Number: |  |

**Application Deadline: 5:00 PM on Tuesday, April 12, 2016**

**Submit Applications To: Great Falls – Cascade County Historic Preservation Office,**

**PO Box 5021, Great Falls, MT 59403.**

**Call 761.6955 for more information.**