

**CITY OF SALINAS**  
**HISTORIC RESOURCE BOARD**  
**CERTIFICATE OF APPRECIATION NOMINATION FORM**

**Contact Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Nominee Information:**

Name: \_\_\_\_\_

Address (for projects): \_\_\_\_\_

Description of work to be honored (*provide a brief explanation of the person or project to be recognized and how the person or project has preserved, improved, or enhanced the historic resources located within the city of Salinas*):


**Attachments** (provide relevant documents or photos to support the nomination)