

REQUEST FOR UNIT RECOGNITION

File:
Date:

MEMORANDUM

To: National Commissioner
St. John Ambulance Brigade
312 Laurier Avenue East
Ottawa, Ontario
K1N 6P6

Re: *Official Recognition* _____
(Unit)

It is requested that Official Recognition of _____ years service be accorded to _____ effective _____. The qualifying service for this unit commenced _____, the date upon which _____ was registered as a unit of the St. John Ambulance Brigade.

For planning purposes, it is intended to recognize this occasion by:
date and type of occasion: _____

location: _____

The coordinator of the local recognition event is:
name: _____
address: _____
telephone: _____

Provincial Commissioner