



## *Customer Service Nomination*

Name of Nominator \_\_\_\_\_

Phone number \_\_\_\_\_

Name of Nominee \_\_\_\_\_

Place of Employment \_\_\_\_\_

Act of Service \_\_\_\_\_

Please mail to Siouxland Chamber of Commerce, 101 Pierce St.,  
Sioux City, IA 51101 or contact Shelby Kruse at (712) 255-7903  
or [skruse@siouxlandchamber.com](mailto:skruse@siouxlandchamber.com)