

2022
NOMINATION FORM
COMMERCIAL TENANT

Greater Port Washington Business
Improvement District Association, Inc.
329 Main Street, P.O. Box 121
Port Washington, New York 11050

I, _____,
hereby state that I wish to have my name placed in nomination at the annual membership
meeting for a Class B-2 Director (Commercial Tenant – two-year term).

Name of Business: _____

Address of Business: _____

Sign and Print Name Below

Signature

Printed Name

Signature of Owner of Business (If Different from Nominee)

Signature

Printed Name