



**State of Georgia
Governor Nathan Deal
Official Commendation Request Form**

Date Submitted: _____

Group Name: _____

Legislative Referral: _____

Person of Contact: _____ **Position/Title** _____

Phone (Work) _____ **(Cell)** _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Email _____

In the space below, please provide 4-6 Whereas clauses exemplifying what this person or group has done for the State of Georgia: