



Junior Council Person (JCP) Program Recognition Form

Borough Name: _____ County: _____

Contact Person: _____

Complete Address: _____

Phone: (_____) _____ E-mail: _____

Name(s) of current Junior Council Person(s):

I certify that the Junior Council Person(s) named above has faithfully served the Borough of _____ for at least six months, having attended a majority of council meetings in that time frame, and participated at an admirable level alongside elected borough officials in discussing and solving issues facing the Borough.

The Borough requests our Junior Council Person(s) to be recognized during the borough council meeting on: _____ / _____ / _____ at _____ PM.

Location of meeting: _____

Council President's Name

Date

Please forward photos taken at the meeting (with individuals labeled) to be posted on the PSAB website.

Return completed form to:

Stephanie Drake
JCP Outreach Project Coordinator
PA State Association of Boroughs
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Phone: 800-232-7722, Ext. 1017
Fax: 717-236-8289