

## Hinds County Board of Supervisors

Centenarian Recommendation Form

## Please complete the information form below and return to:

Centenarian Name:				
Address:		City:		
State:	Zip Code:		Date of Birth:	
Phone Number:	Cell Number:			
Hinds County District (who	ere client resides):			
If the Centenarian is unable accept the recognition, pleas		•	r will attend the Board Meeting ationship below:	to
Family Member's Name		Relationship		
Do you need transportation to the Board Meeting?		Yes 🗆	No 🗆	
For questions, please contact	t me at any of the number(s	below.		
	Office Number: 6	01-878-2607		
	Office Number: 6	01-852-2045		
	Cell Number: 7	69-233-3971		

## Thank you & have a great day!