



Southern Pines Police Department

*Making a Difference
Award*

Dear: _____
(Employee Name)

**You have done something really special and
I feel that you should be recognized for it.**

Date of Event: _____

Description of Event

Blank lined area for description of event

Submitted by: _____

Phone Number: _____ Date: _____

**Please place the completed form in the box provided in the
Police Department's reception area or mail it to:**

**Southern Pines Police Department
P.O. Box 330
Southern Pines, NC 28388**



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