



CITY OF MARGATE  
CITY CLERK'S OFFICE  
5790 MARGATE BOULEVARD  
MARGATE, FL 33063  
PHONE: 954-935-5239  
FAX: 954-935-5211

## TEACHER RECOGNITION FORM

School: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Phonetic Spelling of Name \_\_\_\_\_

In 75 words or less, please tell us the Reason for Recognition:

---

---

---

---

---

---

---

Will the teacher be in attendance at the City Commission Meeting? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and title of school representative who will be attending meeting:

---

Please visit our website <http://www.margatefl.com> for the teacher's picture a few days after the meeting.

**NOTE: It is imperative that you return this form to the City Clerk's office BY THE DUE DATE to ensure that your school is recognized.**