



Town of
EAST HAMPTON
Connecticut

East Hampton New Business Spotlight Nomination Form

Company Name: _____

Company Address: _____

Company Phone: _____

Company Email: _____

Description of New Business: _____

Reason to recognize this new business based on one or more of the selection criteria:

Nominated by: _____ **Date:** _____

Phone: _____ **Email:** _____

To nominate your selection, please deliver this completed form to the Town Manager's Office or bring to the monthly EDC meeting held the 3rd Tuesday of each month at 6:30 pm at the Town Hall.