



Award Application

DEADLINE: WEDNESDAY, November 5, 2025

(Award Activity Period: between November 1, 2024, thru October 31, 2025)

____ Deputy of the Year ____ Correctional Officer of the Year

____ Telecommunicator of the Year

Name: _____ Rank: _____

Agency: _____ Years of Service _____

Award Categories:

____ Life-Saving	____ Crime Prevention	____ Traffic Safety
____ Court Security	____ Criminal Investigation	____ Jail Operations
____ Community Relations	____ Youth Programs	____ Drug Abuse Programs
____ Drug Enforcement	____ Achievement	____ Innovation

Nearest Relative: _____ Relationship: _____

Home City: _____ County: _____

Recommending Sheriff: _____ Phone: _____

If Posthumous Date of Death: _____

Cause of Death i.e. Traffic, firearm: _____

Describe circumstances surrounding the Award:

Add Attachment or supporting document(s).

*You may upload a digital signature in the
image box, or print and sign the final copy.*

Signature of Sheriff

Date of Submission

Email signed forms to Lynn Saputo at lynn@ilsheriff.org by **WED. November 5, 2025.**