



CENTENNIAL CERTIFICATE HONOREE INFORMATION

Please check one:

_____ Business _____ Organization _____ Building _____ Home _____ Person

Complete name: _____
Business / organization / building (if known) / person

Documented year founded (*business or organization*), built (*home or building*), or born (*person*):

Address: _____, Des Moines, Iowa _____
Street address *Zip code*

Name of contact person/owner/president: _____

Phone number of contact person/owner/president: _____

E-mail of contact person/owner/president: _____

Please include brief information about the business/organization/building/home/person:

.....

Name of person filling out this form: _____

Address: _____ Phone: _____

Email: _____ Today's date: _____