

2017 CANADIAN MANGER OF THE YEAR

NOMINATION FORM

Each year the Canadian Self Storage Association recognizes excellence in self storage management. Winning Managers are those who demonstrate excellent customer relations’ skills, sound business practices, and the creative edge that has made his or her self storage facility a success!

Name of Manger:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominee has manager this facility from: \_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

 Month/Year Month/Year

Nominee has had experience in the self storage industry since: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Year)

Name and title of person nominating this Manger: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a description of your nominee’s contributions on the next page. Letter of recommendation from an owner, supervisor, co-workers, suppliers, customers and others in your community should be sent to sue.margeson@cssa.ca

Entries must be received by
Thursday August 31, 2017.

Please describe how this nominee has contributed to the facility’s success in the past year. Be sure to include examples of leadership, creativity, increases in rental rates, expense-cutting programs, decreases in delinquencies and programs the manager has instituted to improve the business that go above and beyond his or her typical duties. Include marketing strategies implemented, how he or she has improved the appearance of the facility, example of community service, or other examples that demonstrate how your manager shines.

**When completed, please email to** **sue.margeons@cssa.ca** **or mail this completed form to: C.S.S.A., P.O. BOX 188, Coldwater, Ontario L0K 1E0**

**Questions please call 1-888-898-8538 – Entries must be received by Thursday August 31, 2017.**

**GOOD LUCK!**