CONNECTICUT SECTION
American Water Works Association

Customer Service Committee

Customer Service Heroes Award

Customer Service Heroes Award will acknowledge the superior performance of a water company employee over the past year. The winner will be chosen for their outstanding performance and dedication to excellent customer service.

The award will be presented at the **CWWA/CTAWWA Fall Conference** on November 5th.

Our dedicated employees have gone above and beyond to face the ever-evolving challenges that water utilities face and continue to provide quality service to their customers. We would like to honor them for their amazing accomplishments.

Please join us by nominating a Customer Service Hero in your company!

To Enter: Please submit the attached form to smiles@manchesterct.gov by September 30, 2026

Or mail form to:

Attn: Shannon Miles
125 Spring St.
Manchester, CT 06040

CT AWWA Customer Service Heroes Award Nomination Form

Purpose: to acknowledge the superior performance of a water company employee over the past year.

Criteria: Employee must exhibit outstanding performance and dedication to excellent customer service within the last year (September 2025-September 2026). This behavior should prevent or reduce problems from occurring, enhance or restore customer satisfaction, or exceed typical customer service expectations.

Eligibility: To be eligible for the award, the nominee must be employed by a water utility company in Connecticut.

Nomination Process: Nominations must be received by 9/30/2026. Nominations can be submitted by co-workers, supervisors, or individuals. This form must be filled out completely and submitted to:

smiles@manchesterct.gov or mailed to Attn: Shannon Miles, 125 Spring St. Manchester, CT 06040

Selection Process: Nominations will be reviewed, and the winner will be selected by CT AWWA Customer Service Committee. The award winner will be chosen during Customer Service Week in October 2026. The award will be presented at the **CWWA/CTAWWA Fall Conference** on November 5th**.**

Contact: For any questions on the award or nomination, please reach out to Shannon (smiles@manchesterct.gov).

Nomination:

Person Submitting Nomination

Name: _____ E-mail: _____ Phone: _____

Relation to Nominee:_____

Nominee

Name: _____ E-mail: _____ Phone: _____

Employer:_____

Reason for Nomination*

Please provide specific examples that meet the criteria listed above:

*Supporting documentation, photos, or attachments may be submitted with this form