Key West Chamber of Commerce - Piece of the Rock Award Description Form

Name: _____

Company/Business Name: _____

Address: _____

Phone: _____ **Email:** _____

How many years have you lived in Key West? _____

Please provide us with information on your community involvement:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please return form to the Chamber office via email: join@keywestchamber.org

by Monday, September 28, 2026.