|  |
| --- |
| ***Please complete your request form, and submit via e-mail, fax, mail, or hand delivery*****NOTE:**It is necessary to submit your request at least ***two weeks*** prior to the date the document is needed to insure timely issuance. |
| DATE OF REQUEST: | DATE WHEN PROCLAMATION IS NEEDED: |
| NAME OF PERSON REQUESTING PROCLAMATION: |
| ADDRESS: |
| CITY: | STATE: | ZIP CODE: |
| TELEPHONE NUMBER: | EMAIL: |
| BIOGRAPHICAL INFORMATION FOR THE INDIVIDUAL OR ORGANIZATION: |  |
| BRIEF SUMMARY AND/OR BACKGROUND OF THE EVENT OR ORGANIZATION: |  |
| NAME AND DATES OF THE DAY, WEEK, OR MONTH TO BE PROCLAIMED: |  |
| PROPOSED TEXT FOR THE PROCLAMATION: |  |
| DO YOU WANT TO BE RECOGNIZED AT ONE OF THE REGULAR COUNCIL MEETINGS? | [ ]  NO | [ ]  YES | IF YES, PLEASE ENTER THE MEETING DATE: |
| ACTION TO BE TAKEN WHEN THE PROCLAMATION IS READY FOR PICKUP: | [ ]  CALL | [ ]  E-MAIL | [ ]  MAIL PROCLAMATION TO: |