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| ***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: |