

CITY OF RICHMOND PROCLAMATION FORM

NAME OF REQUESTOR: _____

Enter first and last name

PHONE NUMBER: _____

Enter the ten-digit phone number, including the area code

E-MAIL _____

Include your complete e-mail address, including the "@" symbol.

Type of Recognition: _____

Name of person to recognize or Event name: _____

Enter the name or event title EXACTLY as it is to appear on the certificate. Please double check the spelling.

Date to Appear on Certificate: Month _____ Day _____ Year _____

Additional Information: (please write eligibly)

Date the proclamation is needed: Month _____ Day _____ Year _____

Would you prefer to pick up the proclamation when it is completed? _____

Will someone be present at the Commissioner Meeting to be recognized? _____

If the proclamation is to be mailed, please provide the name and address of where the proclamation should be mailed: _____

