

**OFFICE OF MAYOR JERRY P. DYER
PROCLAMATION REQUEST FORM**

Date(s) of Proclamation: _____

Requesting to proclaim a: Day Week Month

Is this a request to reissue a proclamation from a previous year(s)? Yes No
If so, what was the date of the proclamation? _____

Date Needed: _____

Delivery of Proclamation: Please mail I will pick up
(You will be notified when the document is ready to be picked up)

Contact Information:

Name: _____ Phone #: _____

E-Mail: _____ Alt. Phone #: _____

Address: _____

Organization: _____

Briefly describe the purpose you would like a proclamation to serve or the message that you would like to convey:

Briefly describe how this proclamation will be used, displayed or distributed:

Requests must include draft language and/or background information that will be used to prepare the proclamation. Please submit all necessary information with this form.

<u>Send Completed Request To:</u>	
Mail:	Attn: Sarah Boren, Office of the Mayor, 2600 Fresno Street, Fresno, CA 93721
Fax #:	(559) 621-8000
E-Mail:	sarah.boren@fresno.gov