

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

Type of Request: Event Meeting

Date of Event: _____
(Please provide a time frame of request if no specific date is set)

Contact Information:

Name: _____ Phone #: _____

E-Mail: _____ Alt. Phone #: _____

Address: _____

Organization: _____

Event Details:

Name of Event: _____

of Attendees: _____

Location of Event:

Location Name: _____

Address, Room #: _____

Timeline of Event:

Event Start Time: _____ Event End Time: _____

Mayor's Arrival Time: _____ Length of Stay: _____

Mayor's Role:

Will the Mayor be asked to speak? Yes No

If yes, explain: _____

Media:

Has the media been invited to attend? Yes No

Additional Information:

Please attach any additional background information, agendas, speaking points, etc. that are pertinent to your request.

Please allow at us at least 10 working days to process your request

Send Completed Request To:

Mail: Attn: Sarah Boren, Office of the Mayor, 2600 Fresno Street, Fresno, CA 93721
Fax #: (559) 621-8000
E-Mail: sarah.boren@fresno.gov