OFFICE OF MAYOR JERRY P. DYER PROCLAMATION REQUEST FORM

Date(s) of Proclamatio	n:					
Requesting to proclain	n a: 🔲 Day	☐ Week	□Mont	h		
Is this a request to reis If so, what was	sue a proclamation the date of the pro	•	s year(s)?		☐ Yes	□ No
Date Needed:						
Delivery of Proclamation	on: 🗆 Please M	∕lail □ Pi	ck Up	☐ Council Meet	ing	
Contact Information:						
Name:				Phone #:		
E-Mail:			<u> </u>	Alt. Phone #:		
Address:						
Organization:						
-						
Briefly describe how th	is proclamation wil	l be used, displa	ayed or dis	stributed:		
Requests must include proclamation. Please					I to prepare the	,
		Send Completed	l Request	To:		
Mail: E-Mail: Questions:	Attn: Sarah Boren sarah.boren@fres (559) 621-8000		1ayor, 260	0 Fresno Street, Fr	esno, CA 9372	21