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

Type of Request:	☐ Event	☐ Meetir	ng		
Date of Event:					
	(Please provide a time frame o	f request if no specific date is set)			
Contact Information:					
Name:		Phone #:			
E-Mail:	-10 N	Alt. Phone	#: <u> </u>		
Address:	1/2		2		
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 Tim	ne:	Length of Stay:			
Mayor's Role:					
		□ Vaa		Na	
Will the Mayor be asked to speak?		☐ Yes	Ц	No	
If yes, explain:					
Madia					
Media:					
Has the media bee	n invited to attend?	☐ Yes		No	
Additional Information:					
	additional background info	ormation, agendas, speaki	ng poin	ts, etc. that a	re 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 sarah.boren@fresno.gov E-Mail: