OFFICE OF MAYOR JERRY P. DYER
SCHEDULING REQUEST FORM

Type of Request: ☐ Event ☐ Meeting

Contact Information:

Name: _____ Phone #: _____

E-Mail: _____ Alt. Phone #: _____

Address: _____

Organization: _____

Event Requests Only:

Event Details:

Date: _____

Name of Event: _____

# of Attendees: _____

Location Name: _____

Location Address: _____

Timeline:

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

Meeting Requests Only:

Subject: _____

_____

_____

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: Office of the Mayor, 2600 Fresno Street, Fresno, CA 93721
E-Mail: Mayor@Fresno.gov