



CITY OF ALEXANDRIA PROCLAMATION REQUEST FORM

Name of Individual/Group/Organization Requesting Proclamation:

Name of the Proclamation:

Date of the Proclamation (when will it be presented):

What do you want the proclamation to say (at least enough information for five points):

Contact Information

Name: _____

Address (if proclamation is to be mailed):

Phone Number:

Email Address: _____

Date you would like to receive the proclamation (pickup or mail): _____

(This form is required by the City Clerk's Office/Mayor's Office at least three weeks in advance of your request. Please return the form to gloria.sitton@alexandriava.gov.)

