



PROCLAMATION REQUEST FORM

REQUESTED BY:

Title (Mr., Ms., Mrs., etc) _____

First (Legal) Name _____

Last Name _____

Preferred Name _____

Job Title _____

Organization _____

Complete Street Address _____

Phone _____

Email _____

In the space provided below please provide a summary/background of the individual, group or organization making the request

Please enter a start and end date for the proclamation:

Start Date must be at least 10 days from date of submission and not more than 60 days from date of submission.

Start Date (mm/dd/yyyy)

End Date (mm/dd/yyyy)

Title of the Proclamation (e.g. Virginia Volunteer Week)

In the space provided below please provide proposed verbiage including 5-6 Whereas Clauses

Please use the following space to cite the sources for any statistics and/or other information used in your proposed verbiage

Date you need this proclamation (mm/dd/yyyy)

DELIVER TO:

Name _____

Complete Street Address _____