



**REQUEST FOR A LETTER OF  
RECOGNITION OR COMMENDATION**

Name of Recipient: \_\_\_\_\_

Address of Recipient: \_\_\_\_\_

State Reason for Recognition/Commendation:

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Name of Requesting Party: \_\_\_\_\_

Address of Requesting Party: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Please check one:

Please contact me when the letter is available to be picked up.

I would like the letter to be mailed to the address noted above.

**Please mail or fax this form to: Office of the City Manager, 401 Lafayette,  
Williamsburg, VA 23185; Fax: (757) 220-6107**