ISSUANCE OF PROCLAMATION FORM

Name of Organization: _____

Name of Requesting Party: _____

Address: _____

Contact Phone Number: _____

Contact Email Address: _____

"Name" of day, week or month to be proclaimed: _____

Date(s) to be proclaimed: _____

Reason for Proclamation: _____

Draft Proclamation Language (use additional sheets if necessary):

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Please check one:

_____Please contact me when the proclamation is available to be picked up.

_____I would like the proclamation 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