

SPECIAL PRESENTATION / RECOGNITION REQUEST FORM

Please complete and submit your request form a **minimum of three weeks** before your requested date. Please ensure you have read the description and qualifications for your request form before submitting.

REQUESTOR INFORMATION:	
Name:	
Best Phone Number during Business Hours:	Night of Council Meeting (if different):
Email:	
Organization Name:	
Website Address:	
Sonvice Requesting (Check all that apply)	

Service Requesting (Check an that app	iy).	
Special Presentation at City Cou	uncil Meeting	
Requested Date for Special	Presentation	
Special Presentation at Outside	Event	
Requested Date for Special	Presentation	
Location of Special Present	ation	
Commendation	Proclamation	
Certificates	Brass Leaf	
Deadline to Receive, if not	outlined above	

Title of Request (Provide a Title):

Describe your organization, event, activity and reason for your request. (This information is used in writing the presentation script and/or wording for your Commendation or Proclamation. Please provide sample wording, when possible.):