



PROCLAMATION REQUEST FORM

First and Last Name: _____

Today's Date: _____

Organization name: _____

Contact information/email address/Phone number:

Are you requesting this Proclamation be read by the Mayor at a City Commission meeting?

Yes No

What meeting date are you requesting your Proclamation to be read by the Mayor? (The City Commission meets the 2nd and fourth Mondays at 7pm) [click here for meeting schedule](#)

Who will be in attendance to receive the Proclamation? (Please Include First and Last name, Title and Organization).

Will the Proclamation be read at an event and not at a City Commission meeting? If yes, please include the date, time, location of event.

Are you requesting the Mayor be present to read this Proclamation at your event?

Yes No

(Remember to attach your draft Proclamation with this form and email both to Lisa.Holder@sanfordfl.gov). If you have any questions please call 407-688-5019. Allow 30 days for processing.