

APPLICATION FOR PROCLAMATION

To be completed and submitted to Office of the City Clerk at least three weeks in advance of the occasion via email, fax or in

ORGANIZATIO	ON NAME:			,							
CONTACT NA	AME:										
ADDRESS:											
CITY:					PROV:				POSTAL CODE:		
HOME PHONE:	()				BUSIN		()				
FAX:	()				EMAIL:						
CONTACT INFORMATION TO BE INCLUDED ON THE CITY'S WEBSITE, INCLUDE ALL THAT ARE APPLICABLE											
ORGANIZATION NAME:			PHONE			AIL:	•		WEBSITE:		
PROCLAMAT	ION REQUEST	ED:							,		
(Name or title of Proclamation)											
DATE OF PRO	OCLAMATION:										
(Day, week or month to be Proclaimed)											
PURPOSE OF PROCLAMATION:											
DESCRIPTION OF YOUR ORGANIZATION:											
Has the same or similar proclamation been requested previously?					☐ YI	ES	□ NO				
Date of Previous Request:			(mmm/dd/yy)								
YOU MUST SUBMIT THE DRAFT WORDING OF YOUR PROCLAMATION TO THE OFFICE OF THE CITY CLERKS WITH YOUR APPLICATION.									F THE CITY		
The Office of the City Clerks reserves the right to edit the proclamation to ensure proper formatting & grammar. The personal information on this form is collected under the authority of the Municipal Act. The information is used for the purpose of processing the application for proclamation. Questions about the collection of information can be made to the Deputy City Clerk, 807-625-2236.											
SIGNATURE	Ξ:										
DATE:											

PLEASE RETURN COMPLETED FORM TO: