

PROCLAMATION REQUEST FORM

200 East 8th Avenue Suite 201 ~ Pine Bluff, Arkansas 71601 ~ 870-730-2000 ext. 7

Proclamation requested by _____

Street address _____

City _____ State _____ Zip _____ Phone _____

A request for a proclamation has been received to honor: _____

Please complete the following information **and return it no later than 2 weeks before requested date.**
Proclamation may be mailed to address above, or emailed to Ima Etim at imaetim@cityofpinebluff.com

Complete the following and attach additional sheets as necessary:

Name of each recipient or honoree: _____

Why honoree is being recognized: _____

Other organizations honoree participated in: _____

List any specific information, contributions, anecdotes that you wish to have considered for inclusion in the proclamation:

Date the proclamation is to be presented: _____

Location where the proclamation is to be presented: _____

Name of contact person representing the organization: _____

Organization address _____

City _____ State _____ Zip _____ Phone _____

Date of occasion or event: _____

Please indicate if you would like Mayor Washington to present the proclamation(s) and staff will notify you if she is available. Yes, _____ we would like the Mayor to be present.

No, _____ the Mayor does not need to be present.
