



## CITY OF ALEXANDRIA PROCLAMATION REQUEST FORM

Name of Individual/Group/Organization Requesting Proclamation:

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Name of the Proclamation:

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Date of the Proclamation (when will it be presented):

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Five key points to be included in the proclamation (please attached draft proclamation):

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### **Contact Information**

Name: \_\_\_\_\_

Address (if proclamation is to be mailed):

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Phone Number:

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Email Address: \_\_\_\_\_

Date you would like to receive the proclamation (pickup or mail): \_\_\_\_\_

**(This form is required by the City Clerk's Office/Mayor's Office at least three weeks in advance of your request. Please return the form to [mark.mchugh@alexandriava.gov](mailto:mark.mchugh@alexandriava.gov).)**