



CITY OF ALEXANDRIA

OFFICE OF THE CITY CLERK AND CLERK OF COUNCIL

APPLICATION TO USE THE CITY SEAL

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Please complete the application below in its entirety. Completed application(s) may be submitted via email to: [CouncilComment@alexandriava.gov](mailto:CouncilComment@alexandriava.gov).

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ORGANIZATION/DEPARTMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE SEAL USE IS REQUESTED: \_\_\_\_\_

PURPOSE FOR WHICH SEAL WILL BE USED: \_\_\_\_\_

DESCRIBE HOW SEAL WILL BE DISPLAYED: \_\_\_\_\_

ADDITIONAL COMMENTS/INFORMATION: \_\_\_\_\_

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For Office Use:

Date Request Received: \_\_\_\_\_

Use Approval Granted/Denied \_\_\_\_\_