CITY OF CEDAR PARK PROCLAMATION REQUEST FORM

Name of Individual/Group/Organization Requesting Proclamation:

_____

Name of Proclamation:

_____

Date of Proclamation:

_____

What you want proclamation to say (Need enough information for 4 points)

Whereas:_____

_____

Whereas:_____

_____

Whereas:_____

_____

Whereas:_____

_____

Contact Information

Name:_____

Address:_____

Phone Number:_____ **Fax Number:**_____

Email:_____

Date you would like to pick up the proclamation at City Hall:_____