Date requested: _____

CITY OF SANFORD
REQUEST FOR MAYORAL PROCLAMATION

(Please complete information below and email with Proclamation language to:
kelly.miller@sanfordnc.net

1) Requested on behalf of: _____
(Person, Group, Company, Organization)

2) Proclaiming: ☐ Day ☐ Week ☐ Month ☐ Person ☐ Event

3) ☐ First Time Request ☐ Annual Request ☐ One Time Request

4) ☐ Blue-backed ☐ Presentation Folder

5) Person requesting recognition – Contact Information:

Name: _____ _____
(Title/Affiliation to #1 above)

Email: _____ Phone: _____

Address/City/State/Zip: _____

6) Presented at: ☐ Council meeting DATE _____

Recipients attending Council meeting (names/titles) _____

☐ Event elsewhere DATE _____ LOCATION _____

7) ☐ Mail to address above **OR** ☐ Pick up by DATE _____

Please provide proposed WHEREAS language (4 to 6 paragraphs) **with this application.**

For SAMPLE language, see below.

NOTE: *Proclamations require a minimum of two weeks advance notice for preparation, and are subject to the mayor's approval.*

OFFICE USE ONLY	
_____ Mayor approved	_____ Date finalized
_____ Date processed	_____ Initials

Updated 12/19/14

P R O C L A M A T I O N

WHEREAS,

WHEREAS,

WHEREAS,

WHEREAS,

WHEREAS,

WHEREAS,

NOW, THEREFORE, BY VIRTUE OF THE AUTHORITY VESTED IN ME AS MAYOR OF THE CITY OF SANFORD, I, T. Chet Mann, do hereby proclaim

as

Signed this day of 20 .

_____
T. Chet Mann, Mayor

ATTEST:

_____
Bonnie Davis, City Clerk