# CITY OF AUBURN
## Proclamation Request Form

**Return to**: Office of the Mayor, Memorial City Hall, 24 South St., Auburn, NY 13021
Fax: 315-253-8345

Please print. Complete the request for an submit hard copy via fax, mail, or hand delivery.

| | | |
|---|---|---|
| Date of Request: | Date Needed: | |
| Full Name of Requestor: | | |
| Mailing Address: | | |
| City: | State: | Zip: |
| Brief summary and/or background of the event, organization, or individual: | | |
| Name and dates of the day, week, or month to be proclaimed: | | |
| Proposed text for Proclamation (see sample wording examples): | | |

**Action to be taken when the Proclamation is ready for pickup:**

**Call** _____

**Email to:** _____

**Mail to:** _____