

PROCLAMATION REQUEST FORM

RETURN TO: City of Bradford, 24 Kennedy St. Bradford, PA 16701

Fax: (814)368-3335 Email: I.hilyer@bradfordpa.com

Please complete this form and submit via fax, mail or email no later than 30 days before your event

DATE OF REQUEST:	DATE NEEDED BY:
FULL NAME OF REQUESTOR / COMPANY / OR	GANIZATION:
REASON FOR PROCLAMATION REQUEST:	
TELEPHONE:	EMAIL:
"NAME" AND DATES OF THE DAY, WEEK, MON	NTH OR INDIVIDUAL TO BE PROCLAIMED:
Brief summary and/or background of the event or incomilestones achieved:	dividual: Such as birth date, birth place and any

ase keep tex	t to the most imp	ortant facts, e	vents and info	ormation you	would like	included