

Request for Proclamation by the City of Port Townsend

Topic of Proclamation (Event, Person, Cause Being Recognized): _____

Purpose of Proclamation:

- ☐ Recognize Community Member(s) or Organization
- ☐ Ask for Community Support for Local Cause
- ☐ Announce Local Event

Individual, Agency, or Organization Sponsoring the Proclamation Request: _____

Do You Request the Proclamation be:

- ☐ Read at a City Council Meeting. Requested Meeting Date: _____

Name and title of the individual or representative attending the
Council meeting to receive the Proclamation:

- ☐ Read at another event. Event date & time: _____

Event location: _____

- ☐ I will pick up the signed Proclamation at City Hall
- ☐ Please mail the signed Proclamation to me

Requested By: _____

Email: _____

Address: _____

Phone: _____

Attach a draft copy of your one page proclamation to this application and return to:

City of Port Townsend City Clerk's Office
250 Madison St. Suite 2
Port Townsend, WA 98368
Fax: (360) 385-4290

For Office Use Only

Date Request Received: _____

Approved: _____ Not Approved: _____ Applicant Notified: _____

Date Proclaimed: _____