



Appendix A Proclamation Request Form

Please complete and submit the completed Proclamation Request Form to clerk@centralhuron.com or mail/drop off at 23 Albert Street, Clinton, ON N0M 1L0

Contact Information

Name: _____

Street Address: _____ City: _____

Province: _____ Postal Code: _____

Telephone Number _____

Email Address: _____

Organization Information

Organization Name: _____

Organization Website: _____

Street Address: _____ City: _____

Province: _____ Postal Code: _____

Is your organization a non-profit? ☐ Yes ☐ No

Provide a brief description of the organization and its main objectives. Additional information/documentation can be submitted separately if required.



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Proclamation Information

Proclamation Name: _____

Proclamation Length: ☐ Day ☐ Week ☐ Month

Proclamation Start Date: _____ Proclamation End Date: _____

Proclamation Category: ☐ Civic Promotion
☐ Public Awareness Campaign
☐ Charitable Fundraising Campaign
☐ Arts and Cultural Celebration
☐ Special Honour of Individual, Institution, or Organization
☐ Other: _____

Has your organization requested this proclamation or similar version of it in the past?

☐ Yes – Date of Previous Request: _____ ☐ No

How does your proclamation involve and/or represent the Municipality of Central Huron and its residents?

If approved, do you have a draft wording for the proclamation?

☐ Yes, a draft proclamation was submitted with this request form ☐ No

Does your Proclamation Request include a flag raising?

☐ Yes ☐ No

Signature

Date

The personal information on this form is collected under the authority of the Municipal Act. The information is used for the purpose of processing the Proclamation Request Form. Questions about this collection of information can be made to the Municipality of Central Huron's Municipal Clerk at clerk@centralhuron.com.