

City of Columbia Heights Proclamation Request Form



Today's Date: _____

Date(s) of Proclamation: _____

Name of Organization: _____

Organization's Address: _____

Contact Information:

Name: _____

Title: _____

Phone: _____

Email: _____

Purpose of Proclamation:

Proclamation Language:

- Proclamation language is required to be submitted with this form. If possible, please e-mail your proclamation in word format to the City Clerk.

Notification Preference:

Call me when the proclamation is ready and I will pick it up.

E-mail me when the proclamation is ready and I will pick it up.

Mail the proclamation to the address listed above.

Please read at an upcoming Council meeting. The City Clerk will e-mail you with the meeting date.

Please mail, hand-deliver or email this form to:

Columbia Heights City Clerk
590 40th Ave. NE Columbia Heights, MN 55421
bsandell@columbiaheightsmn.gov

For Office Use Only:

Date Received by City Clerk and forwarded to Mayor: _____

Approved Reason:

Denied

Mayor's Signature: _____

Date: _____