

Organization Name:	
Contact Name:	
Address:	
City:	Postal Code:
Phone:	Email Address:
Proclamation Requested:	
Date(s) of Proclamation:	
Purpose of Proclamation: <hr/> <hr/> <hr/> <hr/>	
Description of Organization <i>(Please provide a brief description. Additional information may be attached to this form)</i> <hr/> <hr/> <hr/> <hr/> <hr/>	
Has the same or a similar proclamation been requested <input type="checkbox"/> Yes <input type="checkbox"/> No of the Town of Pelham Council in past years?	
You must provide the draft wording for your proclamation in order to receive an official signed proclamation from the Mayor.	
Personal information on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of processing your request. Question about this collection should be directed to the Town Clerk, 20 Pelham Town Square, P.O. Box 400, Fonthill, ON, L0S 1E0, 905-892-2607 Ext. 315.	
Please complete and submit your completed form at least two weeks in advance of the occasion.	
_____ Signature	_____ Date