

PROCLAMATION REQUEST FORM

Commissioners of Leonardtown, PO Box 1, Leonardtown, MD 20650 Leonardtown.commissioners@leonardtownmd.gov or Fax: 301-475-9791

tile	unte the aveam	ent is needed to insure tin	tely issuance.
DATE OF REQUEST:	D	ATE WHEN PROCLAMATIO	ON IS NEEDED.
BATE OF REQUEST.	DI		SIV IS MELDED.
FULL NAME OF PERSON REQU	ESTING PROCLA	MATION:	
ADDRESS:			
		11	
CITY:		STATE:	ZIP CODE:
TELEPHONE NUMBER:		E-MAIL:	
BRIEF SUMMARY AND/OR BACKGROUND OF THE PERSON/EVENT OR ORGANIZATION:			
NAME AND DATES OF THE DAY, WEEK OR MONTH TO BE PROCLAIMED:			
PROPOSED TEXT FOR THE PROCLAMATION:			
ACTION TO BE TAKEN WHEN THE PROCLAMATION or RECOGNITION I S READY FOR PICKUP:	O CALL	O E-MAIL	O MAIL PROCLAMATION TO: