



PROCLAMATION REQUEST FORM

Organization Details	
Name of Organization	
Organization Address	
Organization Website	
Type of Organization	
Provide details of your Organization's Connection to the Municipality of Arran-Elderslie	
Organization Contact	
Contact Name	
Phone Number	
Email Address	
Proclamation Details	
Proclamation Name	
Proclamation Category	
Date of Proclamation	
Proclamation Type (Day, Week, Month)	

Please attach a draft copy of the proposed full proclamation. If no draft is provided, the proclamation will not be considered.	
Does your organization require a copy of the official proclamation?	
Mailing address to send printed proclamation	
Any additional information you wish to provide.	
The undersigned confirms that I am the Official Representative of the Organization requesting the Proclamation and that by signing this Application, I acknowledge and agree that my organization complies with all Municipality of Arran-Elderslie Policies and By-laws.	
Signature	Date
NOTICE OF COLLECTION OF PERSONAL INFORMATION Personal information collected on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c. 25 and may also be used for purposes related to the Municipal Flag and Proclamation Policy. Questions about this collection should be addressed to the Clerk, cfraser@arran-elderslie.ca or 519-363-3039 ext. 101	