

## CITY OF TROY

## Proclamation/Certificate Request Form

Mayor Jason A. Reeves

CONTACT PERSON IN	FORMATION	I			
Name of Contact Person:	<del>,</del>				
Street Address:					
City:					
Phone #:	C	ell Phone:			
Email:					
PROCLAMATION / CE	RTIFICATE I	NFORMATIO	N		
Name of Individual:					
Group or Organization					
Name or Title of Event:	<del></del>				
Proclamation Date:		Choose One:	Day	Week	Month
How will you get the Proclama Will pick up at Mayor's					
Which one are you requesting:	? Proclama	tion Certi	ficate		
What do you want your Procla information to make four point					ough
Please fill out this form and submit	by email, or send a	printed copy to City o	of Troy, May	yor's Office,	P.O. Box

549, Troy, AL 36081 or fax a printed copy to 334-239-0636. For questions about Proclamations or Certificates

please contact 334-566-0177 or proclamations@troyal.gov.