

**PROCLAMATION REQUEST FORM**

Name of Organization/Person Requesting Proclamation: **Tammi Cox**

Reason for Proclamation Request: **Autism Awareness Month**

Date of Event Being Proclaimed: **Month of April, 2011**

Contact Person: **Tammi Cox**

Phone Number:

Date & Time City Clerk was Contacted: **Voicemail left 3/17/11. Made contact 3/18/11 at 4:00 p.m.**

How Clerk was Contacted: email\_\_\_\_\_ fax\_\_\_\_\_ telephone: **yes**

Date Request Presented to City Council: **April 22, 2011**

Approval/Denial to be initialed by Mayor or Mayor Pro/Tem.

**APPROVED**\_\_\_\_\_

**DENIED**\_\_\_\_\_

Date Organization/Person Contacted After Request Presented to City Council: \_\_\_\_\_