



Appendix A Proclamation Request Form

Please complete and submit the completed Proclamation Request Form to mmartin@thearchipelago.ca or be mail/drop off at 9 James Street, Parry Sound, ON P2A 1T4

Contact Information

Name: _____

Street Address: _____ City: _____

Province: _____ Postal Code: _____

Telephone Number _____

Email Address: _____

Organization Information

Organization Name: _____

Organization Website: _____

Street Address: _____ City: _____

Province: _____ Postal Code: _____

Is your organization a non-profit? Yes No

Provide a brief description of the organization and its main objectives. Additional information/documentation can be submitted separately if required.



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Proclamation Information

Proclamation Name: _____

Proclamation Length: Day Week Month

Proclamation Start Date: _____ Proclamation End Date: _____

Proclamation Category: Civic Promotion
 Public Awareness Campaign
 Charitable Fundraising Campaign
 Arts and Cultural Celebration
 Special Honour of Individual, Institution, or Organization
 Other: _____

Has your organization requested this proclamation or similar version of it in the past?

Yes – Date of Previous Request: _____ No

How does your proclamation involve and/or represent the Township of The Archipelago and its residents?

If approved, do you have a draft wording for the proclamation?

Yes, a draft proclamation was submitted with this request form No

Does your Proclamation Request include a flag raising?

Yes No

Signature

Date

The personal information on this form is collected under the authority of the Municipal Act. The information is used for the purpose of processing the Proclamation Request Form. Questions about this collection of information can be made to the Township of The Archipelago's Municipal Clerk. mmartin@thearchipelago.ca.