



APPLICATION FOR PROCLAMATION

(Please complete and submit your completed form to the Municipal Clerk clerk@callander.ca at least four weeks in advance of the occasion)

Please Print

ORGANIZATION _____ **NAME:** _____

CONTACT NAME: Mr. [] Mrs. [] Ms. [] Miss []

ADDRESS: _____

CITY/TOWN: _____

PROVINCE: _____ **POSTAL CODE:** _____

HOME PHONE: _____ **BUSINESS PHONE:** _____

FACSIMILE: _____ **EMAIL:** _____

PROCLAMATION REQUESTED (Name or title of proclamation):

DATES OF PROCLAMATION (Please check and insert dates)

Day(s) _____ Week _____

Month _____

PURPOSE OF PROCLAMATION (Please check all that apply):

Civic Promotions Public Awareness Campaign Charitable Fundraising Campaign

Arts and Cultural Celebration Special Honor for individual or Organization

Other (please explain) _____

DESCRIPTION OF YOUR ORGANIZATION (Please include a brief description and any other relevant information related to your request. Additional information/documentation may be attached to this application):

Has the same or a similar proclamation been requested of the Municipality of Callander Council in past years?

Yes (insert date of previous request) _____

No (new request)

You must provide the draft wording for your proclamation in order to receive an official signed proclamation from the Mayor.

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 application for proclamation. Questions about this collection of information can be made to the Municipal Clerk (705) 752-1410

SIGNATURE: _____ **DATE:** _____

PLEASE RETURN OUR COMPLETED APPLICATION FORM TO:

Municipal Clerk
 280 Main Street North
 Callander, ON P0H 1B0
mknought@callander.ca; Fax: 705- 752-3116