



MAYOR'S OFFICE DOCUMENT REQUEST FORM

**ALL REQUEST MUST BE MADE 30 DAYS PRIOR TO THE PRESENTATION
EXCEPT FOR CONDOLENCE RESOLUTIONS
PHONE: 305-622-8003 FAX: 305-622-8001**

PLEASE COMPLETE THE FOLLOWING INFORMATION: Date: _____

Requested by: _____ Staff: _____

Telephone: _____ Fax: _____

Office/Dept./Agency/Person: _____

Telephone: _____ Fax: _____

Date of Event: _____ Date Required: _____

PLEASE PRINT NAME/TITLE AND DATE AS YOU WANT IT TO APPEAR ON THE DOCUMENT(S)

**IMPORTANT: Please include background information
Special Recommendations:**

DOCUMENT REQUESTED

- Proclamation
- Commendation Seat Commendation
- Certificate of Appreciation Salutes
- Congratulatory Certificate (Birthday, etc.,)
- Sympathy Resolution
- Distinguished Visitor

Frame **No**

For City Clerk's Office Use Only

Date Received: _____ Time: _____ AM/PM Date of Event: _____

Received by: _____ Date Required: _____

Document Title: _____ Work Order Number: _____

Writer: _____

Product picked up by: _____ Signature: _____

(Please Print)

Date: _____ Time: _____ Telephone: _____

