



City of St. Augustine
City Clerk's Office
75 King Street
St. Augustine, FL 32084
Ph: 904-825-1007 | Fax: 904-825-1008
Email:

(Please submit your **completed** form to the City Clerk at least three weeks in advance of the occasion)

Please Print Clearly:

Organization Name: _____

Contact Name: Mr. [] Mrs. [] Ms. [] Miss [] _____

Address: _____

City/Town: _____ **Postal Code:** _____

Primary Phone: _____ **Alternate Phone:** _____

Email: _____

Name or Title of Proclamation Requested:

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. You may also attach additional information/documentation to this application): _____

Has the same or a similar proclamation been requested in past years?

- Yes (insert date of previous request) _____
- No (this is a new request)

You must provide the draft wording. 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 the collection of this information can be made to the City Clerk at (904) 825-1007.

SIGNATURE: _____ DATE: _____

PLEASE RETURN THIS COMPLETED APPLICATION FORM TO:

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