

City of Weston Proclamation and Certificate of Recognition Request Form

Request for (check one): Proclamation	Certificate of Recognition	
Date of Request:	Time of Request:	
Name of Requestor:		
Phone:	E-Mail:	
Name of Individual / Organization to be		
Title for Proclamation or Certificate of F	Recognition:	
Reason for Recognition: (Please insert 4 – 6 "whereas clauses" and ba	ackground information as draft text for a Proclam	ation)
Requested Date of Recognition:		
Document is to be: (Please check one and	provide details)	
\square Presented at a City Commission Meeti	ing in (mont	h / year)
☐ Presented at the following event:(Please provide event information)		

City of Weston

Proclamation, Certificate of Recognition



Request Form

□ Pick-up by:	on:	(date)
□ Mail to:		

Note: Submission of a request for a Proclamation or Certificate of Recognition does not guarantee issuance. Staff will contact requestor with approval or denial notification.

• Submittal must be received at minimum, 2-weeks prior to subject meeting/date of event recognition.

Please return completed Request Form via email to cityhall@westonfl.org or by mail/drop off in person at Weston City Hall, 17200 Royal Palm Boulevard, Weston, FL 33326

Administrative Use Only				
	No If no, state reason:			
Approved Date: Date Submitted for N				
Date Issued: Completed by:				