

Communications Request Form

“*” = **Required**

***MUST COMPLETE REQUEST FORM IN ORDER TO PROCESS.**

*DEPARTMENT/ORGANIZATION: _____

*DATE OF EVENT: _____

*LOCATION: _____

*CONTACT: _____

*PHONE: _____ *FAX : _____

*EMERGENCY CONTACT #: _____

*E-MAIL: _____

In order to process the request, *we must receive all requested information IN PRINT. A two-week notice is required*, along with all the information and the completed request form.

****A request is NOT a guarantee that your proclamation will be approved by the Communications Department****

(Check All That Apply)

____ Letter/Ceremonial Document ____ Proclamation

____ BOC Request Date* **please see below**

***SUMMARY OF EVENT** (indicate **brief** reason of honoring recipient – ex. Sally’s birthday, 92nd church anniversary):
Please attach additional information.

For Proclamation Requests to be read at the Board of Commissioner Meeting Only

***BOC Date Requested:** _____

***Note:**

All BOC requests must be submitted **4 WEEKS** prior to the requested BOC date.
Details and information must be submitted along with your request.

****A request is NOT a guarantee that your proclamation will be read at the requested BOC Meeting****

Please Mail or Fax a completed form to the attention of LaShanda Trice. Fax (404) 371-4751
Address: Manuel J. Maloof Center • CEO’s office, 6th Floor • Attn: Communications • 1300 Commerce Dr. •
Decatur, GA 30030 • lstrice@co.dekalb.ga.us