



APPLICATION FOR PROCLAMATION

(Please complete and submit your completed form to the Town Clerk @ clerks@richmondhill.ca at least three weeks in advance of the occasion)

Please Print

ORGANIZATION NAME: Amputee Coalition of Toronto

CONTACT NAME: Mr. ☒ Mrs. ☐ Ms. ☐ Miss ☐ Aristotle Domingo

ADDRESS: 1014-2323 Lake Shore Blvd. West

CITY/TOWN: Toronto

PROVINCE: ON **POSTAL CODE:** M8V 1B8

HOME PHONE _____ **BUSINESS PHONE:** _____

FACSIMILE: _____ **EMAIL:** _____

PROCLAMATION REQUESTED (Name or title of proclamation):

April Limb Loss Awareness Month

DATES OF PROCLAMATION (Please check and insert dates)

☐ Day(s) _____ ☐ Week _____

☒ Month April 1 - 30, 2020

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):

see attached

Has the same or a similar proclamation been requested of the Richmond Hill 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 Town Clerk (905) 771-8800.

SIGNATURE: _____ **DATE:** March 9, 2020

PLEASE RETURN OUR COMPLETED APPLICATION FORM TO:

Office of the Clerk
225 East Beaver Creek Road
Richmond Hill, ON L4B 3P4
clerks@richmondhill.ca; Fax 905-771-2502