



**Proclamation/Public Awareness Campaign Request Form**

Please complete and submit the completed Proclamation Request Form to the Clerk at [clerk@loyalist.ca](mailto:clerk@loyalist.ca) or mail to 263 Main St. Odessa, ON PO Box 70 K0H 2H0

**Organization Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_

**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Proclamation Requested** (name or title of proclamation): \_\_\_\_\_

**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 Honour of Individual or Organization  Other (specify): \_\_\_\_\_

**Description of the Organization** (Please include a brief description and any other relevant information related to your request. Additional information/documentation may be attached to this Request Form.) \_\_\_\_\_

**Has the same/similar proclamation/public awareness campaign been requested of Loyalist Township in past years?**

Yes (Provide date of previous request): \_\_\_\_\_  
 No (New request)

**As part of this proclamation/public awareness campaign, will there be any**



special initiatives or events planned in Loyalist Township? If so, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Does your proclamation/public awareness campaign request include a request for a flag raising?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**Draft Wording for Proclamation** (You must provide draft wording for the proclamation and attach it to the Proclamation Request Form)

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 Proclamation/Public Awareness Campaign Request Form. Questions about this collection of information can be made to the Clerk at (613) 386-7351.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Flag Flying Request

Please complete and submit the completed Flag Flying Request Form to the Clerk at [clerk@loyalist.ca](mailto:clerk@loyalist.ca) or mail to 263 Main St. Odessa, ON PO Box 70 K0H 2H0

Description of associated event (maximum 300 characters)	
Date(s) of event (maximum 300 characters)	
Date flag to be raised	Number of days to be flown
Flag details (please attach a photo/diagram of the flag) (maximum 300 characters)	

### Contact information

Contact name	Date submitted	
Contact address		
Town	Province	postal code
Contact daytime telephone number	Contact e-mail address	