

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

____ Board of Commissioners 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

***Board of Commissioners Meeting Date Requested:** _____

***Note:**

- ◆ All Board of Commissioners requests must be submitted **4 WEEKS** prior to the requested meeting 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 Board of Commissioners Meeting****

Please Email or Fax a completed form to CEO Communications Office

Email: acaauthen@dekalbcountyga.gov • Fax (404) 371-4751 •

Address: Maloof Building CEO’s Office, 6th Floor • 1300 Commerce Drive • Decatur, GA 30030