



Proclamation or Certificate of Recognition Request Form

Contact Name: _____

Organization Name: _____

Contact Telephone No. (s): _____

Address: _____

City, State: _____

Fax Number: _____

Email: _____

Is the proclamation/certificate to be presented at a City Council meeting? _____ Yes _____ No

If yes, please indicate the desired City Council Meeting date to present the proclamation/certificate:

Names of Meeting Attendees:

Note: Regularly scheduled City Council Meetings are held on the 1st & 3rd Tuesday of the Month.

Deadline: Please submit the request two (2) weeks prior to the desired City Council meeting date.

If the request is not for a City Council Meeting, please indicate the Date, Time when needing the proclamation/certificate

Date: _____ Time: _____

Location: _____

Detail information for the Proclamation or Certificate: _____

Requests may be submitted to the City of Edinburg through the following methods:

By Fax at: 956.381.0468

By Email at: ludyleal@cityofedinburg.com or tsena@cityofedinburg.com

In person to: City of Edinburg

415 West University Drive, Edinburg Texas 78541

Attn: City Secretary Department