

CEREMONIAL DOCUMENT REQUEST

External requests must be submitted at least 30 days prior to the event.

CONTACT INFORMATION

CONTACT PERSON	EMAIL ADDRESS
ADDRESS	TELEPHONE NUMBER

EVENT INFORMATION

EVENT/OCCASION	DATE OF EVENT	TIME OF EVENT
LOCATION OF EVENT	DOES RECIPIENT RESIDE IN TULARE? <div style="display: flex; justify-content: flex-end; gap: 20px;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>	

Highlights of person/organization to be recognized (a biographical outline of the individual including their involvement in the community, or a description of the organization and how it impacts the community is required). Please use the space below or provide an additional attachment.

See Reverse Side

RECEIPT OF CEREMONIAL DOCUMENT

Please select one of the options listed below.

- ☐ Pick-up. Please select the best way to contact you: ☐ Email ☐ Telephone
- ☐ Present at Council Meeting (meetings held the 1st & 3rd Tuesday of each month).
Specify preferred date: First Choice _____ Second Choice _____
- ☐ Mail (certificate holders only). A self-addressed, stamped envelope is required to be provided.
- ☐ Schedules permitting, is a Council or City representative desired at the event to present?

DISCLAIMER

The City of Tulare has the discretion to determine the appropriate recognition based upon the information provided and its applicability to the City's Administrative Policy CM-11.

Regardless of whether a request qualifies under the aforementioned policy, the City of Tulare will not issue ceremonial documents related to matters of ideological or religious beliefs, individual conviction, or political and legislative issues, which may suggest an official City position or endorsement. However, this prohibition shall not be interpreted as preventing the City from recognizing cultural events, anniversaries, milestones or holidays celebrated by religious groups in the City of Tulare.

The applicant, by affixing their signature below, acknowledges that they have read, understand and agree to the information contained herein.

APPLICANT SIGNATURE



PRINT NAME

FOR OFFICE USE ONLY

Approved:

- ☐ Proclamation ☐ Resolution of Commendation ☐ Certificate of Recognition

Type:

- ☐ Certificate Holder ☐ Certificate Frame ☐ Pocket Plaque ☐ Engraved Plaque

Presentation options:

- ☐ Pick-up ☐ Mail (self-addressed stamped envelope provided)
- ☐ Council/City representative requested: ☐ Yes ☐ No If yes, who: _____
- ☐ Present at a Council Meeting. If so, date of meeting: _____

DATE RECEIVED:

CLERKS INITIALS: