

**City of Canton, Ohio**  
**Mayor Thomas M. Bernabei**  
**Letter of Support/Proclamation Request Form**

Please submit the following form in person or via fax at 330-489-3282 no less than three weeks before the established due date listed below. If you have questions, please call 330-438-4300.

**1. Purpose of Letter/Proclamation** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Individual, Agency, or Organization Requesting Letter/Proclamation**  
\_\_\_\_\_

**3. Contact Person: Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_ **Daytime Phone** (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_

**E-mail** \_\_\_\_\_

**4. Due date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**5. Please use the space below or attach additional information regarding the purpose/recipient.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Requested \_\_\_\_\_ Rec'd By \_\_\_\_\_

Date Reviewed \_\_\_\_\_ Reviewed By \_\_\_\_\_ Date

Notified \_\_\_\_\_ Check one: \_\_\_\_\_ Pick-up \_\_\_\_\_ Mail \_\_\_\_\_

Mayor Rec'd By (Applicant sign) \_\_\_\_\_

Date: \_\_\_\_\_ Office Initial: \_\_\_\_\_