

MILESTONE RECOGNITION CERTIFICATE REQUEST FORM

Directions:

Please fill out the form ensuring dates and spelling are correct. Once completed, please drop off to the Executive Secretary at the Municipal Office. The Municipality will produce the milestone recognition certificate according to the information submitted.

Name of Person or Group to be recognized:

Event (please circle one):

Birthday; 80 85 90 95 other_____

Anniversary; 40 50 55 60 65 other_____

Other (describe)_____

Date to be shown on certificate:_____

Name of person requesting certificate:

FOR OFFICE USE ONLY

Date Received: _____

Date Produced: _____

Date Delivered to Official: _____

Staff Initials: _____