



The City of Fitchburg

Massachusetts
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Citation / Proclamation Request Form

Contact Information:

Name: _____

Phone: _____

Address: _____

Email: _____

Event Details:

Title of Event: _____

Location: _____

Date: _____

Time: _____

Citation Details:

Recipient (Name or Business): _____

Type of Event (Retirement, Birthday, Scouting, ect.): _____

Event Details: _____

Please save as a document and email to phare@fitchburgma.gov and jdavid@fitchburgma.gov or mail to:

Office of the Mayor
718 Main Street
Fitchburg, MA 01420