



The City of Fitchburg
Massachusetts
OFFICE OF THE MAYOR

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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 mayor@fitchburgma.gov or mail to:

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