CITY OF READING – CITY COUNCIL OFFICE
COMMENDATION REQUEST FORM

PLEASE TYPE OR PRINT CLEARLY

☐ **BIRTHDAY** ☐ **WEDDING ANNIVERSARY**
☐ **EAGLE/GIRL/BOY/CUB SCOUTS** ☐ **COMMENDATION**
(Please Check One)

DATE OF REQUEST: _____

*** All requests must be made 2 weeks prior to date certificate is needed*

DATE NEEDED: _____

FOR: _____

WEDDING ANNIVERSARY DAY/YEAR: _____

BIRTHDATE: _____

AGE: _____ **TROOP #:** _____

Will this be accepted at a City Council meeting? ☐ **YES** ☐ **NO**

**Council meets the 2nd and 4th Monday of each month at 7 pm in Council Chambers*

If not, Please indicate address to which certificate should be mailed:

NAME: _____

OFFICE/AGENCY: _____

STREET: _____

CITY, STATE ZIP: _____

EMAIL: _____

COMMENTS: _____

_____

_____

_____

***Please attach any additional information you have available to assist in the preparation of the commendation.

City Council Office – City Hall
815 Washington Street
Reading, PA 19601
Council@readingpa.org
610-655-6204 (voice)
610-655-6697 (fax)