OFFICE OF MAYOR ASHLEY SWEARENGIN
SCHEDULING REQUEST FORM

Type of Request: ☐ Event ☐ Meeting

Date of Event: _____
(Please provide a time frame of request if no specific date is set)

Contact Information:

Name: _____ Phone #: _____

E-Mail: _____ Alt. Phone #: _____

Address: _____

Organization: _____

Event Details:

Name of Event: _____

# of Attendees: _____

Location of Event:

Location Name: _____

Address, Room #: _____

Timeline of Event:

Event Start Time: _____ Event End Time: _____

Mayor's Arrival Time: _____ Length of Stay: _____

Mayor's Role:

Will the Mayor be asked to speak? ☐ Yes ☐ No

If yes, explain: _____

Media:

Has the media been invited to attend? ☐ Yes ☐ No

Additional Information:

Please attach any additional background information, agendas, speaking points, etc. that are pertinent to your request.

Please allow at us at least 10 working days to process your request

Send Completed Request To:

Mail: Office of the Mayor, 2600 Fresno Street, Fresno, CA 93721
Fax #: (559) 621-7990
E-Mail: Cheryl.Burns@fresno.gov