



Ribbon Cutting Request

Business Name (<i>type or print clearly</i>):	
Contact First & Last Name:	
Email:	Phone:
Description of Function (<i>reason for Ribbon Cutting</i>):	
Requested Date:	Requested Time:
Location:	
What talking points should City Council need to cover related to your business or organization?:	
What should we know about your business or organization?:	

Please complete and return to Araceli Flores at aflores@pschamber.org.

