



Missouri Water & Wastewater Conference
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INFORMATION FORM FOR PROCLAMATIONS

Please provide the following information as accurately and legibly as possible (type or print) in order for us to personalize each document to your specifications.

1. Full name of employee to be printed on document: _____
2. City or corporation, etc. at which employed: _____
3. Number of years with city or corp.: _____
4. Job Title: _____
5. Date on which proclamation is to be presented: _____
6. Section in which employee is a members: _____
7. Specify other changes or modifications desired: _____
8. Name, address, and telephone number of contact person: _____
