



Community Calendar Add/Remove Request Form

SUBMISSION DATE: _____

REQUESTER INFORMATION
NAME: _____
PHONE: _____
E-MAIL: _____

CALENDAR ITEMS TO ADD (note: items previously added will be repeated each year until removal is requested)			
DATE (month/day)	NAME(S)	RELATIONSHIP TO REQUESTOR	CALENDAR ENTRY TYPE (Birthday, Military Service, Anniversary, or In Memory)

CALENDAR ITEMS TO REMOVE			
DATE	NAME(S)	RELATIONSHIP TO REQUESTOR	CALENDAR ENTRY TYPE (Birthday, Military Service, Anniversary, or In Memory)

Advertisement to ADD or REPEAT?
 Fee is \$50 per advertisement each year. Please e-mail mquinn@cityofsumas.com with the advertisement information.

For Office Use Only	
Date Submission Received: _____	Date Added/Removed from Calendar File: _____

Please submit completed form to Sumas City Hall, 433 Cherry St., Sumas,
 or e-mail completed form to mquinn@cityofsumas.com