



# READER BOARD REQUEST

Name of Group: \_\_\_\_\_.

Submitted by: \_\_\_\_\_.

Phone # \_\_\_\_\_ Today's Date: \_\_\_\_\_.

Date Requested On: \_\_\_\_\_ Date Requested Off: \_\_\_\_\_.

## EVENT INFORMATION

*One Letter or Space Per Box*



### OFFICIAL USE ONLY

MAYOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_.

DATE ON: \_\_\_\_\_ ENTERED BY: \_\_\_\_\_.

DATE OFF: \_\_\_\_\_ REMOVED BY: \_\_\_\_\_.