CITY OF NORTHPORT

Our Mission: *To Provide Efficient and Effective Services; To Promote a Sense of Community; To Enhance the Quality of Life.*

From the Office

of

Mayor
DONNA AARON

Request the Mayor at an Event

Name of Event: _____

Event Date: _____

Event Start Time: _____

Event End Time:_____

Event Information:_____

_____

_____

_____

Location:_____

Number of People: _____

Organization & Contact Details

Organization/Business:_____

Contact Name:_____

Cell Phone:_____

Email:_____

About Your Organization:_____

_____

_____

_____

Event Details

Mayor's Proposed Speaking Role: _____

_____

_____

_____

_____

(2-3 minute remarks, 5 minute remarks, 10 minute remarks, Attending without remarks, receiving award, etc)

Theme of Event (if any) to help prepare talking points**:**_____

_____

_____

_____

_____