

Cheryl Brooks Sullivan

Franklin County Treasurer

FRANKLIN COUNTY TREASURER EVENT FORM

| Date of reques | t: | |
|--------------------------|---------------------------------|--|
| Requestor name: | | Organization: |
| Telephone number: | | Email address: |
| Name of event | : | |
| Date: | Time: | Requested arrival time: |
| Address: | | |
| Parking Instruc | ctions: | |
| | | |
| | | |
| Contact person at event: | | Phone #: |
| Briefly describe | e the event, including ex | xpected attendance and any sponsors: |
| | | |
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| | | |
| about and for h | how long, if there are pe | urer. If you would like her to speak, please indicate what you would like her to speak eople or organizations she should recognize/thank, and the names of other speakers on about the audience as well: |
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| | | |
| MARII EL I | and the second second | |
| | podium with a microph | |
| will the media | attend the event? γ_{es} | s No |

Please return this form to Lillian Williams Purkey at Ibwillia@franklincountyohio.gov. If you have any questions, please do not hesitate to email or contact Lillian at 614-525-3379