



DISTRICT OF BARRIERE

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Recognition Certificate Request

Your Name:	Date:	File #:
Your Address:		
Your Telephone:		
Your E-mail:		
Special instructions or Delivery Request:		
About the person (or entity) receiving the Recognition Certificate:		
Recipient Name:		
Reason for Certificate:		
Date of Event:		
Citation: (Tell us a bit about what makes this person special to you or your organization)		