



MIKE COOPER  
*Mayor*

# CITY OF COVINGTON

## OFFICE OF THE MAYOR

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## WELCOME LETTER REQUEST FORM

### CONTACT INFORMATION

ORGANIZATION NAME: \_\_\_\_\_

NAME OF PERSON ISSUING REQUEST: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

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### EVENT INFORMATION

NAME OF EVENT: \_\_\_\_\_

EVENT TYPE: \_\_\_\_\_

DATE (Month/Day/Year): \_\_\_\_\_

TIME: \_\_\_\_\_

PURPOSE OF EVENT: \_\_\_\_\_

*Additional event information available can be attached if necessary.*

\_\_\_\_\_

\_\_\_\_\_

DEADLINE OF RECEIPT OF LETTER: \_\_\_\_\_

If you have any additional questions, please email Denise Windom at [dwindom@covla.com](mailto:dwindom@covla.com) or call 985-892-1811.