



RIBBON CUTTING REQUEST FORM

Business Name: _____

Contact Person: _____

Phone: _____

Physical Address of _____

Ribbon Cutting Site: _____

Directions to Site: _____

Date & Time: _____

(*We suggest Tues. or Wed.) _____

*A representative of the Chamber will contact you to confirm the availability of the date and time requested within three (3) days of receiving this request.

Chamber Members: NO CHARGE

Non- Members: \$200.00