

# RIBBON CUTTING REQUEST FORM

## COMPANY INFORMATION



225 Church Street NW  
Huntsville, AL 35801

phone 256-535-2000  
fax 256-535-2015

[hsvchamber.org](http://hsvchamber.org)

Company \_\_\_\_\_

Contact \_\_\_\_\_

Title \_\_\_\_\_

Physical Address of Event: \_\_\_\_\_

Parking Notes: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Website \_\_\_\_\_

### PREFERRED DATES:

First Preference: \_\_\_\_\_

Second Preference: \_\_\_\_\_

Third Preference: \_\_\_\_\_

### PREFERRED TIMES:

First Preference: \_\_\_\_\_

Second Preference: \_\_\_\_\_

Third Preference: \_\_\_\_\_

For planning and marketing purposes, Ribbon Cuttings should be scheduled at least one month in advance. Events are typically 15-30 minutes, unless discussed previously. After this form is received, you will be contacted by a Chamber Representative to discuss the details of your event. Once your Ribbon Cutting is approved, you will receive a copy of this form for your records. Please contact your Chamber Representative regarding any questions.

**IMPORTANT:** Please note that a Chamber Representative will contact you within 48 hours of receiving your Ribbon Cutting request form. There is a Ribbon Cutting service fee of \$100 due upon request approval.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date Approved

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### CHAMBER STAFF ONLY:

Date Chamber Representative submitted request form: \_\_\_\_\_

Date Chamber Representative contacted Member: \_\_\_\_\_

Date Ribbon Cutting service fee was paid in full: \_\_\_\_\_

Initials of Chamber Representative: \_\_\_\_\_

Initials of Accounting Representative: \_\_\_\_\_

### APPROVAL

The Ribbon Cutting request referenced above is approved for the following:

**DATE:** \_\_\_\_\_

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

Chamber Representative Signature:

Date Approved:

\_\_\_\_\_