

RIBBON CUTTING REQUEST FORM 2026



COMPANY INFORMATION

Company _____

Contact _____

Title _____

Physical Address of Event _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

Website _____

Parking Notes _____

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: A Chamber representative will contact you within 48 hours of receiving your ribbon cutting request form. There is a service fee of \$150 due upon request approval. Cancellation with a refund to a credit card will be charged a 6% processing fee.

Member Signature _____

Date _____

CHAMBER STAFF ONLY:

Date Chamber representative contacted Member _____

Initials of Chamber representative _____

Date Chamber representative submitted request form _____

Type of Event public private

Date Ribbon Cutting service fee was paid in full _____

Initials of Accounting representative _____

APPROVAL

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

DATE _____

TIME _____

Chamber Representative Signature _____

Date Approved _____