

# RIBBON CUTTING REQUEST FORM 2026



## COMPANY INFORMATION

Company \_\_\_\_\_

Contact \_\_\_\_\_

Title \_\_\_\_\_

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

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

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

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

Website \_\_\_\_\_

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

225 Church Street NW  
Huntsville, AL 35801

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

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

## 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 \_\_\_\_\_

Date Chamber representative submitted request form \_\_\_\_\_

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

Initials of Chamber representative \_\_\_\_\_

Type of Event ☐ public ☐ private

Initials of Accounting representative \_\_\_\_\_

## APPROVAL

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

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

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

Chamber Representative Signature

Date Approved