

**COMPTROLLER**

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*Office of the Comptroller  
Department of Audits  
Department of Real Estate  
Municipal Post Office  
Municipal Telephone Exchange  
Harbor Master*

**CITATION REQUEST FORM**

*PLEASE ALLOW TWO (2) WEEKS NOTICE*

- 1) **Name of person submitting request:**
- 2) **Daytime Phone Number, Evening Phone Number, Cell Phone Number:**
- 3) **Email address:**
- 4) **Please provide the full name of person/organization being honored and the occasion (retirement, graduation, birthday, etc.) You may attach a roster if there are several recipients.**
- 5) **Please provide full name of the event, date, and time of event. If using an invitation, please fax or e-mail a copy to the number or e-mail address listed above:**  
**Event:**  
**Date:** **Time:**
- 6) **Please provide all pertinent information regarding the occasion. (For instance, for a retirement, please list company name/department, years of service, etc. For a graduation, list name of school/degree, etc.) You may enclose a separate/additional page if necessary.**
- 7) **Please provide a statement of accomplishment(s) or service(s) for which the recipient/organization is being recognized. You may enclose a separate/additional page if necessary.**

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\* You may also e-mail this form to Linda Jones at [linda.jones@baltimorecity.gov](mailto:linda.jones@baltimorecity.gov) or fax it to her at the above listed number.