



Date: _____

Supervisor: _____

Requests the Board of Supervisors adjourn in memory of

Name: _____
(Please Print)

City: _____

Your Name: _____
(Please Print)

Your Telephone Number: () _____

Please complete and return to the Assistant for your Supervisorial District
2281 Tulare Street, Room 300, Fresno, CA 93721
(559) 600-1609 (Fax)