



COMMUNITY CALENDAR

Begin Display: _____ **End Display:** _____

Contact: _____ **Phone:** _____

- **Message should be typed or printed as you wish to see it displayed. Please limit message to 7 lines. Use abbreviations when listing dates or addresses. Slight changes may be necessary because space is limited.**
- **Return this form to ICTN at least three days prior to the date you wish the display to begin.**

Please return this form to the City Of Irving / Corporate Communications Department

For more information call
at 972-721-2468



CITY OF IRVING

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