

Flag Raising Request Form

An organization has submitted a request for a flag raising. Please see the details below.

Purpose of Flag Raising:	
The Mayor is requested to attend the Flag Raising:	
Organization Name:	
Contact First Name:	
Contact Last Name:	
Street Number:	
Street Name:	
Suite/Number:	
City/Town:	
Province / Territory:	
Phone Number:	
Email Address:	
Organization Website (optional):	
Date requested:	
Time requested:	
Additional Notes:	
By checking this button I confirm that I am the Official Representative of the Organization requesting the Flag Raising.:	

For office use only

Flag received by Clerk's Office	Staff:	Date:
Flag picked up by Maintenance	Staff:	Date:
Email notice to Organization	Date Completed:	