## **ATTACHMENT 4**



## FLAG RAISING & PROCLAMATION REQUEST FORM

I am requesting the following (please select	all that apply):	
Flag Raising (Complete Parts 1		A 70
		Annex B)
Proclamation (Complete Parts	1-4)	
PART 1: ORGANIZATION DETAILS		
ORGANIZATION NAME		
Flex FOR Access Incorporation Type		
Public Institution Non-Pro	ofit organi	za-tion
PART 2: REQUESTER DETAILS		
LAST NAME OR SINGLE NAME	FIRST NAME	
SILUER	JESS	
STREET ADDRESS		APT/UNIT NUMBER
CITY/TOWN	PROVINCE	POSTAL CODE
-	ON	
EMAIL ADDRESS	TELEPHONE NUMBER	
Flexforacessagnail.com		
PART 3: ALTERNATE CONTACT DE		
LAST NAME OR SINGLE NAME	FIRST NAME	
Belmonte	Maurizio	
STREET ADDRESS	1	APT/UNIT NUMBER
CITY/TOWN _	PROVINCE	POSTAL CODE
EMAIL ADDRÉSS	TELEPHONE NUMBER	

PART 4: PROCLAMATION REQUEST	DETAILS	
CAUSE/EVENT/COMMEMORATION TO BE PRO	OCLAIMED (Written as you v	want it to be Declared by
Work (CP) Awarenes	S Day	
	) WEEK	O MONTH
PART 5: FLAG RAISING DETAILS		
CAUSE/EVENT/COMMEMORATION TO BE REC	COGNIZED	
FLAG TO BE RAISED (Please attach an image o	f the flag to this form)	
ANTHEM OR MUSIC TO BE PLAYED (If required	f)	
WILL THERE BE A PUBLIC EVENT AT CITY HA  YES - To book an appropriate space ceremony, please contact Recreating RecCSD@vaughan.ca.  NO	e at City Hall and required er on Services by telephone at (	quipment following the
PART 6: PUBLIC CEREMONY DETAIL		
The City of Vaughan endeavors to accommod GUARANTEED. To assist in scheduling your patternate dates for booking.	ate the requestor's prefern oublic ceremony, we ask y	ed date, however it is NOT ou to designate up to 3
PREFERRED CEREMONY DATE	ALTERNATE CEREMON	NY DATE 1
ALTERNATE CEREMONY DATE 2	ALTERNATE CEREMON	NY DATE 3
TIME OF DAY PREFERENCE		
AM (09:00 a.m. – 12:00 p.m.)	O PM (12:00	p.m. – 4:00 p.m.)