## **ATTACHMENT 4**



## FLAG RAISING & PROCLAMATION REQUEST FORM

I am requesting the following (please select all that apply):			
Flag Raising (Complete Parts 1-3, Parts 5 & 6, Annex A, Annex B)			
Proclamation (Complete Parts 1-4)			
PART 1: ORGANIZATION DETAILS			
ORGANIZATION NAME			
ORGANIZATION TYPE			
PART 2: REQUESTER DETAILS			
LAST NAME OR SINGLE NAME	FIRST NAME		
POSITION		_	
STREET ADDRESS		APT/UNIT NUMBER	
CITY/TOWN	PROVINCE	POSTAL CODE	
EMAIL ADDRESS	TELEPHONE NUMBER	1	
PART 3: ALTERNATE CONTACT DETAILS			
LAST NAME OR SINGLE NAME	FIRST NAME		
POSITION			
STREET ADDRESS		APT/UNIT NUMBER	
CITY/TOWN	PROVINCE	POSTAL CODE	
311 1/1 34M	T NOVINGE	1 GOIAL GODL	
EMAIL ADDRESS	TELEPHONE NUMBER		

PART 4: PROCLAMATION REQUEST DETAILS		
CAUSE/EVENT/COMMEMORATION TO BE PROCLAIMED (Written as you want it to be Declared by Council)		
O - · · ·		
O DAY	VEEK	
PART 5: FLAG RAISING DETAILS		
CAUSE/EVENT/COMMEMORATION TO BE RECOGNIZE	ED .	
FLAG TO BE RAISED (Please attach an image of the flag to this form)		
ANTHEM OR MUSIC TO BE PLAYED (If required)		
WILL THERE BE A PUBLIC EVENT AT CITY HALL FOLLOWING THE FLAG RAISING CEREMONY?		
YES - Please note additional permits, fees and charges may apply for extended use of the space and other resources.		
○ NO		
PART 6: PUBLIC CEREMONY DETAILS		
The City of Vaughan endeavors to accommodate the requestor's preferred date, however it is <b>NOT GUARANTEED</b> . To assist in scheduling your public ceremony, we ask you to designate up to 3 alternate dates for booking.		
PREFERRED CEREMONY DATE	ALTERNATE CEREMONY DATE	
TIME OF DAY PREFERENCE		
AM (09:00 a.m. – 12:00 p.m.)		
AW (09.00 a.m. – 12.00 μ.m.)	PM (12:00 p.m. – 4:00 p.m.)	
ESTIMATED NUMBER OF ATTENDEES		
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