

## 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)

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Proclamation (Complete Parts 1-4)

## PART 1: ORGANIZATION DETAILS

**ORGANIZATION NAME** 

**ORGANIZATION TYPE** 

## **PART 2: REQUESTER DETAILS**

LAST NAME OR SINGLE NAME	FIRST NAME

STREET ADDRESS		APT/UNIT NUMBER		
CITY/TOWN	PROVINCE	POSTAL CODE		
EMAIL ADDRESS	TELEPHONE NUMBER			
PART 3: ALTERNATE CONTACT DETAILS				
LAST NAME OR SINGLE NAME	FIRST NAME			

POSITION

POSITION

STREET ADDRESS		APT/UNIT NUMBER
CITY/TOWN	PROVINCE	POSTAL CODE
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 DAY					
PART 5: FLAG RAISING DETAILS					
CAUSE/EVENT/COMMEMORATION TO BE RECO	OGNIZED				
FLAG TO BE RAISED (Please attach an image of t	the flag to this form)				
ANTHEM OR MUSIC TO BE PLAYED (If required)					
WILL THERE BE A PUBLIC EVENT AT CITY HAL	L FOLLOWING THE	E FLAG RAISING CEREMONY?			
<b>YES - Please note</b> additional perm other resources.	<b>YES - Please note</b> additional permits, fees and charges may apply for extended use of the space and other resources				
PART 6: PUBLIC CEREMONY DETAILS					
The City of Vaughan endeavors to accommodate the requestor's preferred date, however it is <b>NOT</b>					
<b>GUARANTEED</b> . To assist in scheduling your public ceremony, we ask you to designate up to 3 alternate dates for booking.					
PREFERRED CEREMONY DATE	ALTERNAT	E CEREMONY DATE			
TIME OF DAY PREFERENCE					
O AM (09:00 a.m. − 12:00 p.m.)	C	) PM (12:00 p.m. – 4:00 p.m.)			
ESTIMATED NUMBER OF ATTENDEES					