

FLAG RAISING & PROCLAMATION REQUEST FORM

I am requesting the following (please select all t	:hat apply):	
Flag Raising (Complete Parts 1-3, I	Parts 5 & 6, Annex A, Annex	⟨ B)
	, ,	,
Proclamation (Complete Parts 1-4)		
PART 1: ORGANIZATION DETAILS		
ORGANIZATION NAME		
Treat Accessibly		
ORGANIZATION TYPE		
Cultural		
PART 2: REQUESTER DETAILS		
LAST NAME OR SINGLE NAME	FIRST NAME	
Padulo	Rich	
POSITION	1.011	
Founder		
STREET ADDRESS		APT/UNIT NUMBER
Martindale Ave.		
CITY/TOWN	PROVINCE	POSTAL CODE
Oakville	ON	L6H4G8
EMAIL ADDRESS	TELEPHONE NUMBER	
founder@treataccessibly.com		
PART 3: ALTERNATE CONTACT DETAILS		
LAST NAME OR SINGLE NAME	FIRST NAME	
Mackow	Natasha	
POSITION		
Co-Founder		
STREET ADDRESS		APT/UNIT NUMBER
Martindale Ave.		
CITY/TOWN	PROVINCE	POSTAL CODE
Oakville	ON	L6H4G8
EMAIL ADDRESS	TELEPHONE NUMBER	
natasha@treataccessibly.com		

PART 4: PROCLAMATION REQUEST DETAILS CAUSE/EVENT/COMMEMORATION TO BE PROCLAIMED (Written as you want it to be Declared by Council) Treat Accessibly Preparation Day, October 16. Over 800,000 Canadian Children with disabilities face barriers as simple as stairs to a front door		
PART 5: FLAG RAISING DETAILS		
CAUSE/EVENT/COMMEMORATION TO BE RECOGNIZE	ED	
FLAG TO BE RAISED (Please attach an image of the flag	g to this form)	
ANTHEM OR MUSIC TO BE PLAYED (If required)		
WILL THERE BE A PUBLIC EVENT AT CITY HALL FOL	LOWING THE FLAG RAISING CEREMONY?	
YES - Please note additional permits, fee other resources.	es and charges may apply for extended use of the space and	
NO		
PART 6: PUBLIC CEREMONY DETAILS		
The City of Vaughan endeavors to accommodate the GUARANTEED . To assist in scheduling your public for booking.	e requestor's preferred date, however it is NOT ceremony, we ask you to designate up to 3 alternate dates	
PREFERRED CEREMONY DATE	ALTERNATE CEREMONY DATE	
TIME OF DAY PREFERENCE		
AM (09:00 a.m. – 12:00 p.m.)	PM (12:00 p.m. – 4:00 p.m.)	
ESTIMATED NUMBER OF ATTENDEES		