

COMMUNITY FLAG FLYING/RAISING INFORMATION SHEET



Name of Requesting Organization or Individual

Name	
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Contact Information

Name	
Home Phone	
Work Phone	
E-Mail Address	

Flag Raising and Lowering Date

Please note that the raising and lowering of the flags must take place on a weekday. Flags will be raised by 9 a.m. and lowered by 4 p.m.

Date of Flag Raising	
Date of Flag Lowering	
Ceremony: Yes or No	If yes, Date: _____ Time: _____

Purpose of the Event or Occasion

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Details of Event or Occasion

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Description of your organization or individual including a brief history, and any other relevant information:

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Picture of Flag to be Raised

Please attach a picture of the flag to be raised with this form.

Agreement and Signature

By submitting this form, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	

Please submit to:
City Manager's Office
c/o Sharon Edwards
sedwards@owensound.ca

City of Owen Sound
945 3rd Ave E., Suite 220
Owen Sound ON N4K 2K8

Approval Date and Signature

Wayne Ritchie, City Manager	
Date	

The personal information on this form is collected under the authority of the *Municipal Act, 2001*, s. 227 and City Policy CMA34. The information is used for the community flag raising process including, but not limited to, evaluating requests for community flags and contacting the requestor.

Questions about this collection may be directed to the Executive Assistant and Public Relations Coordinator at 808 2nd Avenue East, Owen Sound, ON N4K 3N9 or by calling 519-376-4440 ext. 1211 or by email to sedwards@owensound.ca.