



COMMUNITY FLAG RAISING REQUEST FORM

| Organization Details | |
|--|--|
| Name of Organization | |
| Organization Address | |
| Organization Website | |
| Type of Organization | |
| Provide details of your Organization's Connection to the Municipality of Arran-Elderslie | |
| | |
| Organization Contact | |
| Contact Name | |
| Phone Number | |
| Email Address | |
| Community Flag Details | |
| Flag Name | |
| Flag Purpose | |
| Date of Flag Raising | |

| | | |
|---|------|----|
| Will a representative be present for the flag raising? | YES | NO |
| Name of Representative | | |
| Please attach any relevant information related to the flag raising that may assist staff in raising awareness via social media etc. | | |
| Any additional information you wish to provide. | | |
| | | |
| The undersigned confirms that I am the Official Representative of the Organization requesting the flag raising and that by signing this Application, I acknowledge and agree that my organization complies with all Municipality of Arran-Elderslie Policies and By-laws. | | |
| Signature | Date | |
| NOTICE OF COLLECTION OF PERSONAL INFORMATION Personal information collected on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c. 25 and may also be used for purposes related to the Municipal Flag and Proclamation Policy. Questions about this collection should be addressed to the Clerk, cfraser@arran-elderslie.ca or 519-363-3039 ext. 101 | | |