

## Municipality of Kincardine - Flag Flying Request Form

Contact Information	
Organization Name:	Type of Organization: Non-Profit Charitable N/A
Requestor First Name:	Requestor Last Name:
Telephone Number:	Organization/Requestor Email Address:

Request Details	
Date Requested for Flag Raising:	Duration of Flag Raising Requested:
Flag/Banner Type:	Purpose of Flag Raising:
Ceremony Requested:	
Yes	No
Additional Details:	

**CAO Department Use Only**

Approved	Request is approved in accordance with Policy GG.1.3 Flag Protocol Policy, specifically: Request is for non-profit or charitable organization
Denied	Request recognizes of an important visit to the Mayor and Members of Council Request is a public awareness campaign  Request for denial (if applicable): Request is for political party or organization Request is for religious organization/event Request is contrary to Municipal policy or by-law Request defames the integrity of Council Request has no direct relationship with the Municipality

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CAO Signature

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Date