

Municipality of Kincardine

Flag Flying Request Form



Contact Information

Organization Name:	Type of Organization:
Requestor First Name:	Last Name:
Telephone Number:	Organization Email:

Request Details

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

CAO Use Only

Approved	Request is approved in accordance with Policy GG.1.13 Flag Protocol, specifically:
Denied	<ul style="list-style-type: none">Request is for non-profit or charitable organizationRequest recognizes of an important visit to the Mayor and Members of CouncilRequest is a public awareness campaign <p>Reason for denial (If applicable):</p> <ul style="list-style-type: none">Request is for political party or organizationRequest is for religious organization/eventRequest is contrary to Municipal policy or by-lawRequest defames the integrity of CouncilRequest has no direct relationship with the Municipality

CAO Signature

Date