

Flag request form

Flag Request Form

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone (Home) _____ (Work) _____

If the flag is flown over the Capitol, you will receive a Certificate stating for whom the flag was flown as well as the occasion and the date it was flown on.

Flag To Be Flown For _____

Occasion _____

Flag To Be Flown On _____

Flag Type	Price Flying	Fee Franking	Fee Total	Price	Quantity
Nylon 3x5	\$9.00	+	\$4.05	+	\$3.20 = \$16.25
					x _____ = _____
Nylon 4x6	\$13.50	+	\$4.05	+	\$3.20 = \$20.75
					x _____ = _____
Nylon 5x8	\$18.00	+	\$4.05	+	\$3.20 = \$25.25
					x _____ = _____

Cotton 3x5	\$9.25	+	\$4.05	+	\$3.20 = \$16.50
					x _____ = _____
Cotton 5x8	\$20.00	+	\$4.05	+	\$3.20 = \$27.25
					x _____ = _____

Grand Total = _____

If you do not wish the flag to be flown, you may deduct the flying fee from the total price. If you plan to pick up the flag at myGarden Groveoffice, you may deduct the franking fee from the total price.

Checks must be made payable to Loretta Sanchez Office Supply Account. Please return this form and your check to:

Office Of Congresswoman Loretta Sanchez
 ATTN: Flag Coordinator
 1230 Longworth Building
 Washington, D.C. 20515

Print this form, fill it out, and send it to my D.C. office along with a check.