



CONGRESSMAN SANDER LEVIN
Representing the 12th District of Michigan

Flag Request Form

Date: _____
 Name: _____
 Address: _____
 City, State, Zip code: _____
 Telephone _____ Email _____

Size	Material	Cost	Fly Fee	Quantity	Total
3 x 5	Nylon	\$9.00	\$4.05		
3 x 5	Cotton	\$9.25	\$4.05		
4 x 6	Nylon	\$13.50	\$4.05		
5 x 8	Nylon	\$18.00	\$4.05		
5 x 8	Cotton	\$20.00	\$4.05		

Would you like the flag flown over the Capitol **YES** **NO**

(Note: There is a \$4.05 fee per flag to cover the cost of flying flags over the capitol)

Flag to be flown for: _____

Occasion (if any) _____
 Date to be flown over the Capitol (if applicable): _____

Important: Please make your check payable to “Stationery Account #MI-12-31” and write “flag reimbursement” on the checks memo line. Allow eight to ten weeks for delivery and please send your check along with the completed form to:

Congressman Sander Levin
27085 Gratiot Ave.
Roseville, MI 48066

** Please note: If you would like the flag mailed to a different address from your own, please provide the information below:

Name: _____
 Address: _____
 City, State, Zip code: _____