FLAG REQUEST FORM

Instructions: Please click on the form and type in your information. Once filled in, print and attach a check or money order, made out to "Keeper of the Stationery," and send to the address below. Cash and credit cards are not accepted at this time. If you would like your flag flown over the Capitol, you must send the request at least a month prior; please do not send your request more than six months in advance.

1. Contact information for person requesting	the flag:	
Name:Street:		
City:State:		
Phone: (Day / Evening)		
E-mail:		
2. If you would like to receive a certificate wi section below:	th your flag that honors a particul	lar person or special event, please fill in the
Name of flag recipient (to appear on certificat	^f e):	
Occasion (if any):		
Date you would like your flag flown over the		•
more than six months in advance):		
3. Select the type and size of flag you would check for the correct amount and mail it to the "Keeper of the Stationery."		
Type of flags:	Quantity:	Total:
3 x 5 Nylon Flag	x \$17.05 =	\$
3 x 5 Cotton Flag	x \$17.30 =	\$
5 x 8 Nylon Flag	x \$26.05 =	\$
5 x 8 Cotton Flag	x \$28.05 =	\$
		\$ Grand Total Enclosed
4. Ship flag to:		
Name: Street		
City: State: _	Zip:	
5. Please return completed form and che	eck/money order made out to	"Keeper of the Stationery" to:
The Office of Senator Mark Udall		
ATTN: Flag Coordinator		
SH-317 Hart Senate Office Building		
Washington, D.C. 20510		
Please allow 6-8 weeks for delivery after your Should you have any questions, please call n		sk for the Flag Coordinator.
Office Use Only: Check/MO #:	Date	Sent: