

Flag Recognition Request

APPLICATION FORM For the Town of High Prairie

Please submit requests to the CAO's office at least 24 working hours prior to the funeral date.

| Deceased Name: | |
|--|-----|
| Contact Name: | |
| Contact Email: | |
| Contact Phone Number: | |
| Date of funeral: Time: | |
| Location of Funeral: | |
| | |
| Was the deceased currently employed by the Town? | |
| Yes No | |
| Was the deceased a past long-service employee of the Town; | |
| Yes No | |
| If yes, please provide dates and position occupied: | |
| | |
| Was the deceased a community member who demonstrated significant financial contribution to the | е |
| Town? | |
| Yes No | |
| If yes, please provide details: | |
| Was the deceased a community member who demonstrated significant volunteer contributions to | the |
| Town? | |
| Yes 🗋 No 🗋 | |
| If yes, please provide details: | |
| Do you request that the Town provide notification of the event on the Town's Electronic Board? | |
| Yes No | |
| If yes, please provide messaging: | |
| It yes, please provide messaging. | |
| Any additional information you wish to provide: | |
| | |
| | |

Signature

Date



Schedule B Community Flag Pole Request

APPLICATION FORM For the Town of High Prairie

Please submit requests to the CAO's office by December 1 annually.

| Organization Name: Organization Website: Type of organization: charitable in non-profit in other in (please specify): Organization Address: Contact Name: |
|---|
| Position with Organization: |
| Contact Email: |
| Contact Phone Number: Requested Date for Flag Raising: Start Date: End Date: |
| Does this organization have political, religious, or cause affiliation which would benefit a certain philosophy or belief, and/or support a particular philosophy, thought or belief over another? Yes Do No D |
| Is the request intended for commercial or profit-making purposes? Yes D No D |
| Does this organization advocate discrimination, hatred, violence or racism? Yes D No D |
| Is the request contrary to any of the Town of High Prairie's policies or bylaws? Yes I No I |
| Any additional information you wish to provide: |

Signature

Date