

| SECTION 1: APPLICANT INFORMATION | |
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| NAME: | DATE: |
| ORGANIZATION NAME: | NON-PROFIT SOCIETY: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| MAILING ADDRESS: | |
| PHONE NUMBER: | ALTERNATE NUMBER: |
| EMAIL ADDRESS: | |
| DATE FLAG TO BE RAISED: | DATE FLAG TO BE REMOVED: |
| ALTERNATE DATES IF FIRST DATES ARE UNAVAILABLE: | |
| IN THE EVENT OF A HALF-MASTING OCCASION, FLAG SHOULD BE: <input type="checkbox"/> HALF-MASTED <input type="checkbox"/> REMOVED FOR THE DURATION | |
| REASON FOR THE REQUEST: | |

| SECTION 2: GENERAL INFORMATION |
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| <p>As stated in Policy Number 203-AD-16, the Flag Display Policy, flags or banners shall not be displayed on the Community Flag Pole if that flag or banner:</p> <ul style="list-style-type: none"> • Supports a political party or a cause associated with a political party • Supports a cause that is unduly controversial, provocative, divisive, or disruptive in the community • Promotes a commercial, for-profit enterprise, event, or activity • Represents a group or organization whose undertakings or philosophy are contrary to the City of Cold Lake policies or bylaws, espouse racism, violence, or hatred. <p>If there is a flag or banner being flown on the Community Flag Pole during a time where the flags are being lowered to half-mast, the flag or banner will also be lowered to half-mast. The community group may opt to removed their flag or banner, but the flag or banner may not be raised again until the duration of half-mast period is over.</p> <p>For more information on the use of the Community Flag Pole, please refer to the Flag Display Policy on our website (https://coldlake.com/en/city-hall/bylaws-and-policies.aspx).</p> |

| SECTION 3: STATEMENT OF APPLICANT |
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| <p>I, _____, hereby attest that I have read the directions on this form and have truthfully completed this form to the best of my ability.</p> <p>SIGNATURE: _____ DATE: _____</p> |

| OFFICE USE ONLY | |
|--|--|
| CAO REVIEW | |
| <input type="checkbox"/> APPROVED | |
| <input type="checkbox"/> REJECTED DATE: _____ | SIGNATURE: _____ |
| COMMENTS: | |
| INTERMEDIATE SECRETARY OF CORPORATE SERVICES | |
| <input type="checkbox"/> ADVISED APPLICANT OF DECISION | <input type="checkbox"/> ADDED TO COMMUNITY FLAG POLE CALENDAR |

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