## Rep. Myrick Flag Request Form

Unless you are ordering multiple flags with the same wording on the certificate, please use a separate form for each flag request.

Please specify which size, type, and number of flags you would like to order:

Type of Flag	Amount per flag	Number of Flags	<u>Total Cost</u>
3x5 cotton	\$16.09	x	=
3x5 nylon	\$15.84	x	=
4x6 nylon	\$20.34	x	=
5x8 nylon	\$24.84	x	=
5x8 cotton	\$27.84	x	=
**Please make the	check available to Sue My	rick House Office Supply	Service, NC 09 40
Please enter your i	nformation here:		
Name:			
Address:			
City:	State: Z	ip:	
Phone:	Work Phone:		
E-Mail:			
Date Flag is to b	e flown over the Capito	ol:	
Name of person	or group the flag to be	flown for:	
Occasion, or oth	er information, you wo	ould like to have printed	on the flag certificate:
Send Flags to (if	other than listed above).		
Name:			
Address:			
City:	State:Z	ip:	

## Mail this form and a check to:

Representative Sue Myrick

Attn: Flag Order

6525 Morrison Blvd., Suite 402

Charlotte, NC 28211