

FLAG REQUEST FORM

- Information of person requesting flag(s):**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: home: _____ cell: _____

- Location of flag(s) to be shipped (No P.O. Boxes):** Same as above Separate Address

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Flag Type		# of flags		Flying Fee* (\$4.05 per flag)		Sub-total Cost
3x5 Nylon (\$9.00)	x		+	\$	=	\$
3x5 Cotton (\$9.25)	x		+	\$	=	\$
4x6 Nylon (\$13.50)	x		+	\$	=	\$
5x8 Nylon (\$18.00)	x		+	\$	=	\$
5x8 Cotton (\$20.00)	x		+	\$	=	\$

*If you do not choose to have the flag flown over the Capitol, disregard the flying fee.

- Please provide the wording you would like to appear on the certificate:**

Example: This flag was flown for Captain John Smith in recognition of his retirement from the U.S. Navy after twenty years of dedicated service.

- Date to be flown (if applicable):** _____

- Mail request to:**

The Honorable Adrian Smith
503 Cannon HOB
Washington, D.C. 20515

- Please hold payment until a member of Congressman Smith's staff contacts you with the final total.**

- When you have received the final total, please make check payable to "Adrian Smith Office Supply Account"