

Office of U.S. Congressman Connie Mack

FLAG REQUEST FORM

Requester Information:

Name: _____
Address: _____
City, State, Zip Code: _____
Phone: _____

Flag Information:

Type of Flag	Flag Cost	Flying Fee	Total Cost
3 x 5 Nylon	\$9.00	\$4.05	\$13.05
4 x 6 Nylon	\$13.50	\$4.05	\$17.55
5 x 8 Nylon	\$18.00	\$4.05	\$22.05
3 x 5 Cotton	\$9.25	\$4.05	\$13.30
5 x 8 Cotton	\$20.00	\$4.05	\$24.05

ADDRESS TO MAIL FLAG TO: _____

DATE TO BE FLOWN: _____
DATE FLAG NEEDED BY: _____
MESSAGE ON CERTIFICATE: _____

ENCLOSE A CHECK FOR THE TOTAL COST MADE OUT TO “**Connie Mack Stationary Account**” AND MAIL THIS FORM BACK TO:

Attn: Flags
Congressman Connie Mack
804 Nicholas Parkway East
Suite 1
Cape Coral, FL 33990

Attn: Flags
Congressman Connie Mack
3301 E Tamiami Trail
Administration Building
1st Floor
Naples, FL 34112-3969

Please allow 6-8 weeks for delivery.