

**Congressman Bill Posey
FLAG REQUEST FORM**

Please complete form and fax or mail request to:

*Congressman Bill Posey
132 Cannon House Office Building Washington, D.C. 20515
Phone: (202) 225-3671 Fax: (202) 225-3516*

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Indicate the number of which flag(s) you would like below:

Please note: flag prices are subject to change.

3 X 5 Cotton @ \$16.30 each

3 X 5 Nylon @ \$16.05 each

5 X 8 Cotton @ \$27.05 each

5 X 8 Nylon @ \$25.05 each

4 X 6 Nylon @ \$20.55 each

Do you want the flag flown over the Capitol (circle one)? YES NO

Do you have a date preference (circle one)? YES NO

If yes, please fill in date (allow 4-6 weeks notice prior to the desired date): _____

What occasion or person will the flag be for as you would like written on the certificate?

Message: _____

Send Flag(s) to (if other than listed above)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

PAYMENT: We can only accept check payment. Your flag can not be shipped to you until payment has been received. Please make all checks payable to *Posey Supply Account* and mail to:

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