SENATOR KELLY A. AYOTTE

Internal	Use	Only	(DC)
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Flag Request

Received:	Shipped:
Staff:	

Name: Address:			Home Phone: Cell Phone: Work Phone:			
City/State/Zi	ip:		Eı			
RECIPIEN'	T INFORMA	ATION				
Recipient's l	Name					
Recipient's A	Address					
Recipient's	City/State/Zip					
•		MAIL FLAG TO:	□ Requesto	or	□ Recipien	t
FLAG CER	TIFICATE I	NFORMATION				
be at least th	ree weeks in a	advance of today's	er the Capitol on a particula s date. Please provide an alt	ernative date	if the first is not ava	ilable:
Preferred Da	nte:	A	Iternative Date:	A	s Soon as Possible (
•	-	-	ion of someone or to comm	_		asion and would
Name:						<u> </u>
Occasion:						_
TYPE AND	PRICING					
Quantity	<u>Size</u>	<u>Fabric</u>	Total Cost Each	<u>To</u>	<u>tals</u>	
	3x5	Nylon	\$17.05			
	3x5	Cotton	\$17.30			
	4x6	Nylon	\$21.55			
	5x8 5x8	Nylon Cotton	\$26.05 \$28.05			
	JAU	Cotton	Grand Total:			

Check or money order must be payable to **The Keeper of the Stationery**. Requests and payments should be mailed to:

Office of Senator Kelly Ayotte 1200 Elm Street, Unit 2 Manchester, NH 03101

Questions? Dial 202.224.3324