



Flag Request Form

Office of Congressman Emanuel Cleaver, II

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Date Flag Is To Be Flown Over Capitol: _____

Flag Is To Be Flown In Honor Of: _____

Inscription on Certificate:

Size	Fabric	Price	Quantity	Subtotal
3' x 5'	Cotton	\$9.25	<input type="text"/>	\$
3' x 5'	Nylon	\$9.00	<input type="text"/>	\$
4' x 6'	Nylon	\$13.50	<input type="text"/>	\$
5' x 8'	Cotton	\$20.00	<input type="text"/>	\$
5' x 8'	Nylon	\$18.00	<input type="text"/>	\$
Fly the flag over the Capitol, per flag		\$4.05	<input type="text"/>	\$
Postal charges, per flag		\$3.85	<input type="text"/>	\$
Total				\$

- Make check out to “Office Supply Account/Emanuel Cleaver”
- [Please submit request at least four weeks prior to the date you wish to have the flag flown](#)
- Please allow five to seven weeks for delivery

Please mail this form and check to: Office of Congressman Emanuel Cleaver, II
1641 Longworth House Office Building
Washington, DC 20515