



City of Los Altos Flag Raising Application

Organization Information

Name: _____

Address: _____

Organization: _____

Website: _____

Contact Information

Contact name: _____

Contact role: _____

Email: _____

Phone: _____

Flag Raising Information

Flag Raising Date Requested: _____

Flag Flying Dates Requested (7 days maximum): _____

Please attach a picture of the flag with your application for review.