

You have submitted the following information:

Request DetailsRequest Type: **Category - Flag Raising:**Event Name: Duration of Flag Raising: Date of Event: Intend to organize a flag raising ceremony at the Civic Centre: **Purpose of the request and how it demonstrates an interest or relationship to the City:**Attached File(s): **Requestor Details**Applying on Behalf of an Organization/Community Group: First Name: Last Name:

| | | |
|---------------------------------|--|----------------------|
| Street #: | Street Name: | Unit/Suite/Apt #: |
| <input type="text" value="14"/> | <input type="text" value="Mckennon Street"/> | <input type="text"/> |

| | | |
|--------------------------------------|---------------------------------|--------------------------------------|
| City: | Province: | Postal Code: |
| <input type="text" value="Markham"/> | <input type="text" value="ON"/> | <input type="text" value="L6E 1H6"/> |

| | |
|---|----------------------|
| Primary Phone #: | Secondary Phone #: |
| <input type="text" value="(416) 833-8400"/> | <input type="text"/> |

Email: Name of Organization/Community Group: **Address of Organization**

| | | |
|---------------------------------|--|----------------------|
| Street #: | Street Name: | Unit/Suite/Apt #: |
| <input type="text" value="58"/> | <input type="text" value="Cimmaron Street"/> | <input type="text"/> |

| | | |
|--------------------------------------|---------------------------------|--------------------------------------|
| City: | Province: | Postal Code: |
| <input type="text" value="Markham"/> | <input type="text" value="ON"/> | <input type="text" value="L3S 2E9"/> |

 By checking this box, I indicate that all the information provided on this form is true, correct and complete.

IN ORDER TO USE THIS ONLINE SERVICE, USERS ARE REQUIRED TO INDICATE THAT THEY HAVE READ AND ACCEPT THE CITY OF MARKHAM'S "TERMS OF USE AND PRIVACY POLICY". BY CLICKING ON THE "I HAVE READ AND AGREE" CHECKBOX BELOW, YOU ARE AGREEING TO BE BOUND BY THE CITY OF MARKHAM'S "TERMS OF USE AND PRIVACY POLICY".

 I HAVE READ AND AGREE TO THE CITY OF MARKHAM'S TERMS OF USE AND PRIVACY POLICY.

Personal information on this form is collected under the authority of Section 11 of the *Municipal Act*, 2001, S.O. 2001, c. 25 as amended. The personal information you have provided will be used to administer and contact you regarding the above request. If you have questions about this collection contact the Access and Privacy Manager, Legislative Services Department, 101 Town Centre Boulevard, Markham, Ontario, L3R 9W3, 905-477-5530.