

Proclamation/Flag Raising Request

Confirmation Number: 369264216904

You have submitted the following information:

Request Detai	ils				
Request Type:	Flag Raising				
Category - Flag Raising:					
In honour of national or independence days important to the residents of Markham					
Event Name: Indian Independence Day					
Duration of Flag Raising: Day					
Date of Event: 2024-8-15					
Intend to organize a flag raising ceremony at the Civic Centre: Yes					
Purpose of the request and how it demonstrates an interest or relationship to the City:					
Markham is the most diverse city. Our organization members and residents from Indian community want to raise the flag on Indian Independence day and celebrate the occasion. We did this in the past as well.					
Attached File(s):					
Requestor Details					
Applying on Behalf of an Organization/Community Group: Yes					
First Name: Ne	irst Name: Neetu				
Last Name: Gupta					
Street #: Street Name: Unit/Suite/Apt #:					
14	Mckennon Street				
City:		Province:	Postal Code:		
Markham		ON	L6E 1H6		
Primary Phone #:		Secondary Phone #:			
(416) 833-8400					
Email: nitooliberal@gmail.com					
Name of Organization/Community Group: Canadaian Intercultural Association for Community Development					
Address of Orga	anization				
Street #:	Street Name:			Unit/Suite/Apt #:	
58	Cimmaron Street				
City:		Province:	Postal Code:		
Markham		ON	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".					

 $\ensuremath{\checkmark}$ 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.