



FLAG REQUEST FORM

U.S. Representative John Spratt
South Carolina – 5th District

PLEASE FILL IN:

Name of Requester _____

Address: _____

City _____ State _____ ZIP _____

Daytime Phone _____ Email (if available) _____

Send flag to (if not being sent to your address):

I would like the flag flown over the Capitol on the following date. Please note that we will request your specific date but cannot guarantee that it will be flown on this day.

Month _____ Day _____ Year _____

Date does not matter. I do not want the flag flown over the Capitol.

If the flag is being flown for a special occasion, please indicate the wording that you would like on the certificate:

(example: In honor of John Doe's 75th birthday)

Flag Type	Flag Cost	Flying Fee	Postage	Quantity	Total
3x5 nylon	\$9.00	\$4.05	\$5.00		
3x5 cotton	\$9.25	\$4.05	\$5.00		
4x6 nylon	\$13.50	\$4.05	\$5.00		
5x8 nylon	\$18.00	\$4.05	\$5.00		
5x8 cotton	\$20.00	\$4.05	\$5.00		

Grand Total:

Make check payable to: Office Supply Service SC0582

Please print this form and mail with your check to:

U.S. Rep. John Spratt
1401 Longworth Building
Washington, DC 20515
ATTN: FLAG REQUEST

Please call my Washington office at 202-225-5501 if you have any questions.