

Office of United States Senator

CHARLES E.SCHUMER

SENATOR FOR NEW YORK STATE

FLAG REQUEST FORM

Instructions: Please click on the form and type in your information. Once filled in, print and attach a check or money order, made out to "Keeper of the Stationary," and send to the address below. Cash and credit cards are not accepted at this time. If you would like your flag flown over the Capitol, you must send the request at least a month prior; please do not send your request more than six months in advance.

. с	contact information for person flying t	e flag:	
	Name:	Zip:	
	Address:	Phone number:	
	City:	E-Mail:	
	State:		
2.	If you would like to receive a certif	cate with your flag that honors a particular person or special eve	
	please fill in the section below:		
	Name of flag recipient (to appear on certificate):		
	Occasion (if any):		
	Date you would like your flag flown over the Capitol (request must be sent at least one month prior to		
	this date and no more than six mor	hs in advance):	
3.	Select the type and size of flag you would like to purchase. Prices include both flying and shipping fees.		
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	Attach a check for the correct amo	int and mail it to the address at the bottom of the page. The che	
	Attach a check for the correct among should be made out to "Keeper of the state of	int and mail it to the address at the bottom of the page. The che	
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Please allow 6-8 weeks for delivery after your flag has flown over the Capitol. Should you have any questions, please call my office at (202) 224-6542 and ask for the Flag Coordinator.