

For Office Use

## Special Event/City Hall Flag Raising Permit Application

Permit No. \_\_\_\_\_

This is an application/request only and does not guarantee a permit will be issued. To avoid any misunderstanding, be sure to read all information and Conditions of Use.

Organization Name:			
Main Contact:	E-mail:		
Mailing Address:			
City/Town:	Postal Code:		
Phone (Home) (Work)	(Cell)	(Fax)	
Alternate Contact:	E-mail:		
Phone (Home) (Work)	(Cell)	(Fax)	
Date(s) Requested:			
Set Up Time:	Name of Event:		
Event Start Time:			
Event End Time:	☐ PA System/Podium		
Clean Up Time:	Chairs being set up: Yes  No		
Expected Attendance:	Chamb Somig Cot up.		
Location Requested:	☐ Use of foyer space (optional)		
Describe Area Requested (if map required please attach)	Details:		
The personal information requested on this form is collected fo provisions of the Freedom of Information and Privacy Act. If you h information provided to the City on this form, please contact 320-30	nave any questions regarding		
Applicant's Signature:	Date	:	
Return to: Recreation & Culture, 3 <sup>rd</sup> Flow 910 – 4 <sup>th</sup> Avenue South, Leth Fax: (403) 320-4163 Phon	bridge, AB T1J0	P6	
Please visit our Website at <a href="www.lethbridge.ca/leisur">www.lethbridge.ca/leisur</a> charges, other events occurring, etc.	e for information regar	ding facility descriptions, fees &	