

REQUEST FOR FLAG AND CERTIFICATE

DATE OF REQUEST:		DATE NEEDED:	
NAME OF INDIVIDUAL MAKING REQUEST:			
TELEPHONE NUMBER:			
SEND FLAG(S) TO:	NAME:		
	ADDRESS:		
	CITY, STATE, ZIP:		
NAME OF PERSON/ORGANIZATION FOR WHOM FLAG(S) SHOULD BE FLOWN:			
<input type="checkbox"/> Please have flag(s) flown over the State Capitol. If date is specified, order must be received no less than two weeks prior to that date.			
DATE FLAG IS TO BE FLOWN:		OCCASION:	
<input type="checkbox"/> MISSOURI FLAG (3' x 5' NYLON)	NUMBER OF FLAGS:	PRICE: \$13.00	SUBTOTAL:
<input type="checkbox"/> UNITED STATES FLAG (3' x 5' NYLON)	NUMBER OF FLAGS:	PRICE: \$13.00	SUBTOTAL:
			TOTAL:
Please mail this form along with a check for the appropriate amount made to House Revolving Fund . (Checks made out incorrectly will be returned.)			
Office of State Representative Bob Dixon State Capitol Building, Rm. 315 201 W. Capitol Avenue Jefferson City, MO 65101			
Note: Due to the volume of flag requests, allow 3-4 weeks for delivery after flying.			
FOR OFFICE USE ONLY			
DATE ORDER RECEIVED:			
DATE SENT TO FLY:			