

Schedule B Community Flag Raising Request Form

[Living Here](#)[Recreation and Leisure](#)[Build and Invest](#)[Township Office](#)[I'D LIKE TO...](#)

Community Flag Raising Request Form

To recognize and celebrate an inclusive West Lincoln, the Township of West Lincoln offers the temporary opportunity to raise community flags on the designated Community Flag Pole located at the West Lincoln Community Centre enhancing awareness of causes, special occasions, and activities. Approval is at Council's discretion as outlined in the Township's Corporate Flag Policy.

The Township will fly the flags of:

- Other sovereign nations
- Non-profit organizations
- Other local organizations

Requests will be confirmed on a first come first served basis.

Organizations are required to provide their own flag & other information pertaining to their flag raising program in advance of the flag raising.

Requests will not be approved for:

- Political parties or organizations
- Commercial entities or in celebration of corporate events
- Religious organizations or in celebration of religious events
- Groups, organizations, or events that promote beliefs contrary to any other Township policy or pose a reputational risk to the Township
- Organizations that support hatred, violence or racism, or contradict the Ontario Human Rights Code

To request a flag raising with the Township of West Lincoln please complete the form below.

Recreation and Leisure

[Annual Community Events](#) +[Community Groups and Clubs](#) +[Cycling](#)[Day Camps](#)[Drop-in Program Information
and Calendar](#)[Event Calendar](#)[Facilities and Rentals](#) +[Fitness Programs](#)[General Interest and Hobby
Programs](#)[Library](#)

C-08-2020 – Corporate Flag Policy – Schedule B Community Flag Raising Request Form

Name of Organization *

Purpose for Flag Raising *

Older Adult Programs

Outdoor Activities



Parks and Trails

Recreation and Municipal Guide

Register for a Program

Skating and Shinny

Contact Information

Title *

Contact title with the organization (i.e., President, Chair, Committee Member)

First Name *

Last Name *

Phone Number *

(xxx) xxx-xxxx

Email Address *

Will someone be attending the ceremony to represent the organization? *

☐ Yes

☐ No

Preferred Date *

Preferred Time *

Submit