

Flag Raising Event Reservation Form

Complete form and submit to the City Clerk's Office

Event Details (to be filled out by the requester please fill all information)					
		Time of		Number of	
Date of Event:		Event:		Participants:	
Location of Event:					
Name of Sponsoring					
Group:					
Person Responsible for					
Event, Email & Phone					
Number:					
Specific Description of Event:					
Event:					
Are you a City Resident?		L YES			
Mayor's Invitation (to be filled out by the Mayor's Office)					
Amount of time Mayor will speak					
Topic of Speech:					
Proclamation OR Citation:			5 🗆 N C)	
Press Present:					
			S ∐ NC)	
Elected Officials Present:					
Name of Person from the Mayor's Office who will cover in the Mayor's absence:					
who will cover in the wayor s	absence:				
Person from the City of Bridgeport that will					
be at the event before the Mayor to Greet					
the Person (s):					
	·k's Office (to b	e filled out by th	e City Clerk's O)ffice)	
City Clerk's Staff Member Requesting:					
L	·				
Request has Been: 🗌 Appro	oved	Denied	Date:		
Notification:					
· · · · · ·					
Date of Request: Approved By (Dept. Head):					