Community Flag Flying and Raising Form

Name of Requesting Organization *

London Transplant Gift of Life Association

Contact Information

Name *	Email Address *	
Wayne Burrow	n	
Home/Cell Phone Number *	Work Phone Number	
	same	

Flag Raising and Lowering Date

Please note that the raising and lowering of the flags must take place on a regular business day between 9 a.m. and 4 p.m.

Community flag-flying requests will be approved for a maximum duration of seven (7) days unless the Community Flagpole is available for longer, in which case the duration may extend to a maximum of fourteen (14) days at the discretion of the City Manager.

Date of Flag Raising *		Date of Flag Lowering *	_	
-4/21/2024	#	-4/27/2024	***	
4/15/2024		4/19/2024		
Are you having a Cerem	ony?*			
(Yes	♠ No			

urpose of the Event or Occasion *		
To Bring Awareness To Organ and Tissue Donation		
etails of the Event or Occasion *		
The flag raising is part of our Awareness. The week is called NOTDAW-National Organ/Tissue Donor Awareness Week		
escription of your organization or individual including a brief history and any other relevant information *		
We are a group of dedicated organ and tissue transplant recipients. Our membership also includes Living Donors (Kidney & Liver) and Donor Family Members. Our group mainly consists of Ontario residents. I am a Donor Family Member. My wife donated her organs to help save the lives of 4 people.		
icture of Flag to be Raised*		
File Name		

thumbnail_IMG_2678.jpg 339.7 KB

By submitting this form, you affirm that the facts set forth in it are true and complete.

The personal information on this form is collected under the authority of the Municipal Act, 2001, 227 and City Policy CMA34. The information is used for the community flag raising process including, but not limited to, evaluating requests for community flags and contacting the requestor.

City Manager Approval - signature & date

Date on Council Consent Agenda

3/25/2

of possible