



Office of Senator Dianne Feinstein

FLAG ORDER FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REQUESTOR'S CONTACT NAME AND PHONE NUMBER: _____

Date you would like your flag flown over the Capitol (if any): _____
(If date is specified, order should be received four weeks prior to flown date)

Person(s) or organization(s) for whom the flag will be flown: _____

Occasion (if any): _____

The price of the flags are as follows:

Size	Quantity	Type	Total
3' x 5'	x \$9.00	Nylon Flag	\$
3' x 5'	x \$9.25	Cotton Flag	\$
5' x 8'	x \$18.00	Nylon Flag	\$
5' x 8'	x \$20.00	Cotton Flag	\$
Flying & Certification	x \$4.05/flag	*****	\$
Shipping & Handling	x \$4.00/flag	*****	\$
		Order Total	\$

Payment must be by money order. Please make payable to “Keeper of the Stationery” and return with completed form to the following address:

Senator Dianne Feinstein
ATTN: Flag Request
331 Hart Senate Office Building
Washington, DC 20510-0504

Due to the high volume of requests, please allow 8-10 weeks for processing and delivery.