



City of Los Altos Flag Raising Application

Organization Information

Name: _____

Address: _____

Website: _____

Tax Identification Number: _____

Non-profit? Y/N

Civic organization? Y/N

Benefit Los Altos community? Y/N

Description of organizational activities: _____

Description of organizational impact on Los Altos community: _____

Contact Information

Contact name: _____

Contact role: _____

Email: _____

Phone: _____

Flag Information

Flag Pole Location Requested:

City Hall

Maintenance Services Yard

Community Center

Veterans Community Plaza

Flag Raising Event Date Requested: _____

Flag Flying Dates Requested (7 calendar days): _____

Please attach a picture of the flag with your application for review.

Agreement

As a resident or the official representative for the above organization, I agree to comply with all requirements listed or otherwise enforced through the City of Los Altos Flag Raising Policy. The City reserves the right to revoke this application at any time for any purpose. The organization shall provide all documents and organizational information as required by the City of Los Altos necessary to comply with Flag Raising Policy application.

By submitting this application, the applicant certifies that the proposed flag does **not** do any of the following by initialing next to each one below:

- (1) ____ Proposes a consumer transaction;
- (2) ____ Represents a group, organization, or movement that advocates the unlawful overthrow of the state or federal government;
- (3) ____ Commemorates a rebellion against the federal government by the government of any state;
- (4) ____ Advocates discrimination or intolerance against individuals on the basis of any classification specified in Civil Code Section 51;
- (5) ____ Endorses or expresses a preference for any religious sect;
- (6) ____ Advocates for or against a candidate for public office, a political party, or a ballot measure or proposition;
- (7) ____ Is considered highly offensive to persons of average sensitivity within the community; or
- (8) ____ Poses a real and substantial threat to public safety based on objective circumstances or criteria.

The official representative certifies that the above information is true and accurate to the best of my knowledge.

Signature: _____

Date: _____