State Capitol Police Department

Connecticut

Walter Lee Jr.
Chief of Police

The Connecticut General Assembly
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Request for a Flag to be Flown Over the Connecticut State Capitol

A request for a flag to be flown over the Connecticut State Capitol should be made at least one week in advance of the time that the flag is to be flown. The flag should be dropped off at the State Capitol Police Department, Room 1300, in the LOB at the time the request is submitted.

Only flags of the: United States of America; a state of the U.S.A. or a political subdivision; the District of Columbia; Puerto Rico; the U.S. Virgin Islands; any territory or insular possession subject to the jurisdiction of the U.S.A.; an Indian tribe recognized by the U.S.A.; any foreign jurisdiction with which the U.S.A. maintains diplomatic relations or its political subdivisions, to include the United Nations; flags of recognized military organizations of the U.S.A. to include the VFW, American Legion, and POW/MIA flags.

The flag's dimensions must be 5' x 9' or approximate size and have grommets for securing the lanyard.

The flag must be in good condition and may be picked up in Room 1300 the day after it was lowered. Please be advised that the SCPD does not store flags without prior arrangements.

Request made by:_____ of _____
Printed Name Street Address City/Town State

Phone #: _____ Cell Phone#: _____ Date of Request:_____/_____/_____

Type of Flag to be Flown:_____ Reason:_____

Special Requests:_____

Date to be Raised:_____/_____/_____Date to be Lowered:_____/_____/_____ Primary Date* _____/_____/_____
(*Flags are flown not to exceed seven days and flags may be replaced periodically during flying times to honor other requests)

Letter Request: At the request of _____the accompanying flag of the _____was flown over the State Capitol on ____/____/___. The flag was flown in honor and recognition of _____ for _____.
(* fill all that applies)

State Capitol Police Use Only

Request Received by:_____ Date Request Received:_____/_____/_____
SCPD Personnel Printed Name

Approval Process

Approved:___ Denied:___ Reason for Denial_____

Executive Lieutenant:_____ Chief of Police:_____

Date:_____/_____/_____ Date:_____/_____/_____

Notified of Denial:_____ Squad C Notified : _____ Flag Book Completed: Y N Other:_____

Print Form and Deliver to the SCPD