

# State Capitol Police Department

## Connecticut

Luiz Casanova  
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 1200 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 \_\_\_\_\_

Lieutenant: \_\_\_\_\_ Date / / Chief of Police: \_\_\_\_\_ Date / /

Review of Denial By OLM : Denial Sustained: \_\_\_\_\_ Denial Overruled: \_\_\_\_\_ Date / /

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