

City of Hollywood
Display of Flag Application

Please type or clearly print all information

Date of Application: _____

Applicant's Name: _____

Address: _____

Organization Name: _____

Phone(s): _____

Fax: _____

E-mail: _____

Requested Event or occasion: _____

Date or Time period of event or occasion: _____

Explanation or purpose of the event or occasion: _____

Description of the applicant organization including any local, national or international affiliation, brief history, and any other relevant information: _____

Please submit application to:
City of Hollywood
Civic Affairs Administrator
P.O. Box 229045
Hollywood, FL 33022

The City shall not be liable for any damage or loss. The Applicant releases and holds harmless the City, will not make a claim against or sue, and waives the right of recovery against the City and its officers, agents, or employees for damage or vandalism to or loss of the flag arising out of a person's negligent or intentional act, or other act, however caused.

(Signature)