

**REQUEST TO HAVE THE STATE FLAG FLOWN AT HALF-STAFF IN HONOR OF
LAW ENFORCEMENT, FIREFIGHTER, OR ELECTED OFFICIAL**

Requestor Information:

Name and Official Position: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

DECEDENT'S INFORMATION:

Name and Official Title: _____

Decedent's spousal or parental contact information (where applicable):

Employing Department or Agency: _____

Years of Service

From: _____ To: _____

County and City of Residence: _____

Date of Death: _____

Date of Interment: _____

Date requested if other than the date of interment: _____

For Law Enforcement and Firefighters Only:

The flag will be lowered for law enforcement and firefighters only if they have passed while in the line of duty.

Return completed form to:
Executive Office of the Governor
Office of the General Counsel
400 South Monroe Street
The Capitol, Room 209
Tallahassee, Florida 32399