

**Community Group Name? \***

Unifor Local 444 LGBTQ Committee

**Authorized Agent Full Name? \***

Stefanie Pest

**Authorized Agent Title/Position within Community Group? \***

Vice Chair

**Contact Phone Number of Authorized Agent? \***

[REDACTED]

**Contact Email of Authorized Agent? \***

[REDACTED]

**Name of Community Group Event or Celebration? \***

Transgender Day of Remembrance

**Date of Community Group Event or Celebration? \***

November-16-2025



**Does your Community Group plan to have a public ceremony on the date requested above? \***

- Yes  No

**If yes, please provide time of the event/celebration you intend on having? \***

04:00 PM



**If available, would you like the Mayor, or designated member of Council, to attend your flag raising ceremony? \***

- Yes  No

**Does your Community Group wish to have one of your members raise the flag or do you wish town staff to raise it? \***

- Our Organization will have a representative raise the flag  We wish to have Town Staff raise the flag