

(For Office Use Only)
Date Received _____
Check No. _____ Cash _____

VETERAN'S MEMORIAL BANNER APPLICATION

DATE: _____

VETERAN'S NAME: _____
(Please Print)

BRANCH OF SERVICE: _____ Years of Service: _____

APPLICANT'S NAME: _____

RELATIONSHIP TO VETERAN: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S TELEPHONE: _____

APPLICANT'S EMAIL ADDRESS: _____

I hereby acknowledge that I have authority to authorize and grant the Town/Village of Greenwich to use the provided photograph in the Our Heroes Banner Program. I take full responsibility that all information provided on this application is accurate and correct.

Applicant Signature: _____ Date: _____

Please note that banner location and placement cannot be requested.

Banner Cost is \$225, Cash or Check Made Payable to **Village of Greenwich**

Date _____

Cash _____

Check Number _____