Town of COLDEN NEW YORK

HOMETOWN HERO BANNER APPLICATION FORM

Please Print Clearly

VETERAN'S NAME: _____ _____ _____
First **MI** **Last Name**

Military Branch: _____ (Ex: Army, Marine Corps, Navy etc.)

Rank: _____
(Ex: LCPL, SSGT, 1LT, CPT, MR2, BT3 etc.)

DD214 or Honorable Discharge: Please block out Social Security Number!

Years of Active Service: _____

Veteran's Colden address: (former or current address _____
_____
_____

COMPLETE THE FOLLOWING:

1. Please **print** clearly the above information on this form.
2. Submit a copy of **DD214** or **Honorable Discharge**.
3. Submit a color or black & white photo, minimum size, **5" x 7" photo** preferably in uniform. Please write Veteran's name on the back of the photo.
4. Submit a **stamped self-addressed envelope** if you want your picture returned.
5. Include a **check or money order** payable to the **Town of Colden** for $60
6. Place all information in an envelope and either drop off at the Colden Town Hall or mail to
   Town of Colden
   Banner Project Patricia Zurbrick
   8825 State Road
   Colden, NY 14033

Photo Release Authorization

I hereby grant the Town of Colden banner project committee to use the attached photo & information without penalty and is authorized to duplicate the above provided Military information & photo for the banner.

_____ _____
SIGNATURE of person submitting this request Date

PRINT Name of submitting person above: _____

FOR COMMITTEE USE ONLY:

Date received with all info completed _____ Approved by _____