

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

## **VETERAN'S MEMORIAL BANNER APPLICATION**

DATE: \_\_\_\_\_

VETERAN'S NAME: \_\_\_\_\_

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 and information 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.

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

Date: \_\_\_\_\_

Cash \_\_\_\_\_

Check Number \_\_\_\_\_