



★ ★ ★
**HONORING
THOSE WHO
SERVED**

I, _____ nominate service member _____
YOUR NAME THEIR NAME

Tell us more about the service member you are nominating:

How do we contact them?

Phone Number: (____) _____ - _____

Email: _____

Branch of Service:

☐ Air Force

☐ Army

☐ Coast Guard

☐ Navy

☐ Marine Corps

☐ Space Force

We would also like to recognize the brave Veteran who have passed, please provide their information below:

Name: _____

Branch: _____ Years of Service: _____

If you wish to recognize a POW, please provide their information below:

Name: _____

Comments: _____

How do we contact you if we have additional questions? (____) _____ - _____



Deliver this form to City Hall by October 6, 2024.
"ATTN: Yvonne Hernandez"