

HOMETOWN HEROES APPLICATION

Please Print of Type

YOUR CONTACT INFORMATION

First Name		Last Name	
Mailing Address			
City		State	Zip Code
Home Phone		Cellphone	
Email			

Your Relationship to Honoree: Parent Child Spouse Sibling Other Self

SERVICE MEMBER INFORMATION

First Name		Middle Initial or Name (If Desired)	
Last Name		Town of Lewis	
Branch of Service			
<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> AirForce
<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Army National Guard	<input type="checkbox"/> Air National Guard	

TO FULFILL BANNER ORDER

Mail the following documents:

- Completed Application
- Proof of Residency / ELCS Attendee
- Proof of Honorable Discharge
- Check or Money Order for \$250; made payable to "Town Of Lewis Hometown Heroes"
- Photo of Service Member

Send to: Town of Lewis, PO Box 59, Lewis, NY 12950

***** OFFICE USE ONLY *****

Date Received	Received By
Check/Money Order	Total Payment Received
Documents Received: Application ___ Proof of Residency/Graduation ___ Proof of Honorable Discharge ___	