Veterans Banner Program Application

Please complete this application to nominate a veteran for the Veterans Banner Program. Submit all required documentation by the posted deadline. Incomplete applications will not be processed.

Section 1: Applicant Information

Full Name:		
Relationship to Veteran:		
Phone Number:		
Email Address:		
Mailing Address:		
Section 2: Veteran	Infor	mation
Full Name:		
Branch of Service:		
Years of Service:		
Is the Veteran Deceased? (Yes/No):		
Section 3: Require	ed Doc	umentation
√ Completed Application For .		
✓ Proof of Veteran's Military	Service (e.	g., DD-214, Military ID)
√ High-Resolution Photo of V	'eteran (op	otional but encouraged)
✓ Signed Photo Release Form	າ (below)	
Section 4: Photo R	Release	e Consent
, .	_	of Lancaster to use the photograph of the veteran named above ng a commemorative banner as part of the Veterans Banner

Section 5: Submission

Applicant: ______ Date: _____

Please submit your application to the Department of Public Works at 5200 Broadway, Lancaster, NY 14086. We ask you to include all documentation in a large labeled and sealed envelope. Someone from the Department of Public Works will be in contact with you after your application has been reviewed.

Program. I release the municipality from any liability related to the use of the image. Signature of