



Display Sales Hometown Hero Application

Veteran Information:

Full name of the person in the photo: _____

Military Rank Abbreviation: _____

Branch of Military: _____

Military Status: _____ Active Duty _____ Veteran _____ Memorial

PLEASE SELECT ONE OF THE ABOVE

****NOTE: Please double check that all information is printed clearly and spelled correctly****

Applicant Information:

Name of person submitting photo: _____

Relationship to Hometown Hero: _____

Phone Number: _____

Address: _____

Email: _____

Please use the best contact numbers for you. Applicants are responsible for submitting accurate information as the banner will read as noted above. Once banners are printed, no changes can be made. I hereby grant the City of Anna permission to use the attached photo which includes a likeness of myself or of my relative in the Hometown Hero Banner program. In addition, I take full responsibility that all information provided is accurate.

Signature

Date

Printed Name