

DISABLED VETERANS CREDITS

(To be completed by applicants claiming disabled veterans' credits)

15. Veterans Administration Claim No. _____

16. Have you claimed additional credits as a Disabled Veteran in any previous examination given by The Department of Personnel? _____ Yes _____ No

17. If answer to Item 16 is "Yes", give title and date of examination.

Title _____ Date _____

18. Date accompany Form MSD333 VC-3 "Authorization For Disability Record" was sent to Veterans Administration:

Applicant Signature: _____ Date: _____

Please return by mail or hand deliver to:

City Hall
714 Ridge Rd. Rm. 214
Lackawanna NY 14218