



BANNER APPLICATION FORM

(Revised 7-6-2022)



The City of Lackawanna is proud to continue its Hometown Heroes Banner Program, a tribute to the city's military veterans who've served, or are currently serving, honorably in a military branch. Each banner honors the veteran's service by displaying their picture, service branch and years and/or war served.

Applications for the next round of banners are being accepted from August 15 through September 30, 2022 by appointment only at Lackawanna City Hall, 714 Ridge Road, Room 307. Appointments can be scheduled Monday - Friday from 9:00 AM to 4:30 PM by calling 716-827-6422. A \$225 fee to produce each banner is required at the time of application (cash or money order only).

Banners are expected to be ready for placement in mid-late spring 2023, weather and other circumstances permitting.

Due to the growing popularity of our Hometown Heroes Banner Program, it is no longer possible to guarantee specific location / placement requests. All new banners will be displayed along main streets throughout Lackawanna based on space availability.

PLEASE PRINT CLEARLY

Name to Appear on Banner: _____ Rank: _____

Military Branch: _____ DD214 or Honorable Discharge Provided: YES / NO

(PLEASE DO NOT PROVIDE THE VETERAN'S SOCIAL SECURITY NUMBER. COVER THIS INFORMATION ON THE DD214 OR HONORABLE DISCHARGE COPY PROVIDED WITH YOUR APPLICATION.)

War/Conflict Served: _____ or / Years Served: _____

Name of Person Submitting Photo: _____

Relationship to Hometown Hero: _____

Highest Earned Medal/Award (not mandatory) _____

Phone # _____ Email: _____

Address: _____

PHOTO RELEASE AUTHORIZATION:

I HEREBY GRANT LACKAWANNA HOMETOWN HEROES BANNER PROGRAM COMMITTEE TO USE THE ATTACHED PHOTO AND INFORMATION WITHOUT PENALTY AND IS AUTHORIZED TO DUPLICATE THE ABOVE PROVIDED MILITARY INFORMATION AND PHOTO FOR BANNER YES / NO

Cash or Money Order payable to: **City of Lackawanna** paid: YES / NO

PHOTO WAS PROVIDED (will be returned) and/or SCANNED to the email above: YES / NO

DD214 or Honorable Discharge Provided: YES / NO

SIGNATURE – PERSON SUBMITTING REQUEST

DATE

PRINT NAME – PERSON SUBMITTING REQUEST

APPROVED BY (LACKAWANNA CITY OFFICIAL)