

Town of Clinton
1215 Centre Road
Rhinebeck, NY 12572



Phone (845) 266-5853
Fax (845) 212-2048
www.townofclinton.com

TOWN OF CLINTON HOMETOWN HEROES BANNER PROGRAM APPLICATION

HONOREE INFORMATION	
Full Name as it will appear on the Banner: _____	
Branch of Military: _____	
Military Rank: _____	
War/Conflicts Served: _____	
Years Served: _____	DD214 Provided: (Please Check) Yes _____ No _____
Was or is a Veteran Clinton resident, did Veteran reside in Clinton during service and/or after service: _____	
Is the Veteran: (Please Check) Alive: _____ Deceased: _____ KIA: _____ POW/MIA: _____	
If alive, Veteran MUST grant permission to be honored. Signature Required. _____ Signature of Veteran	
Date: _____	
Highest Earned Medals/Awards: (Optional) _____	

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HONOREE SUBMISSION BY

Contact Name:

Relationship to Veteran:

Address:

Phone Number:

Email Address:

Name of Donor as it should appear on banner: (Optional)

PHOTO RELEASE: (Please note Honorees in uniform preferred)

I hereby grant the Town of Clinton Hometown Heroes Committee to use the attached photo and information, for the Hometown Heroes Banner Program without penalty and is authorized to duplicate the above provided military information and photo for banner. I also take full responsibility that all information provided about service person being honored is accurate and correct. The Town may also use this image as well as the banner in any promotional material without notification or additional permission (Must be signed by Veteran if still living):

Signature (Person submitting request):

Print Name:

Date:

Signature of Veteran (If still living):

Print Name:

Date:

******ONLY ONE APPLICATION WILL BE ACCEPTER PER VETERAN******

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COMPLETED SUBMISSIONS MUST INCLUDE THE FOLLOWING:

1. Completed Hometown Heroes Banner Program Application
2. Signed Photo Release
3. Military Verification (DD214, Military ID, etc.)
4. Check for \$250.00 made payable to the Town of Clinton and in the memo, field written "Hometown Heroes Banner Program"

******APPLICATIONS WILL BE APPROVED ON A FIRST-COME, FIRST-SERVED BASIS******

Mail or Drop Payment Off to:

TOWN OF CLINTON
Attn: Cathy Gallinger- HH
1215 Centre Road
Rhinebeck, NY 12572

Applications may be emailed with a high resolution or good quality scanned photo in PDF format to: heroes@townofclinton.com

****NOTE** THAT THE TOWN CANNOT GUARANTEE CLARITY OF THE BANNER IF THE PHOTO IS NOT OF HIGH RESOLUTION OR GOOD QUALITY.**

**TO BE COMPLETED BY TOWN HALL STAFF OR
HOMETOWN HEROES COMMITTEE CHAIRMAN**

CHECKLIST:

Check for payment: Yes _____ No _____

Certified DD214 Provided: Yes _____ No _____

Photo Provided Hardcopy: Yes _____ No _____ **Emailed:** Yes _____ No _____

Photo to be returned: Yes _____ No _____

Application Approved By:

Date of Application Submission:
