VETERANS MEMORIAL REQUEST

Please add the following name to the Veterans Memorial in Cuba City's Veterans Memorial Park.

Please Print Name: _____

Last First Middle Initial

_____

Dates of Service War/Conflict(s)

I understand the cost to add a name is **$135 plus $5.00 per letter** (name only), and must be paid in advance and attached to this form. I also understand a copy of my DD 214 must accompany this request. If paying by check, make check payable to: City of Cuba City-Veterans Memorial. Then send your check and this form to City Hall, 108 N. Main St., Cuba City, WI 53807.

I affirm the spelling above is correct.

_____

Signature

_____

Street Address

_____

City State Zip

$ _____

Amount Enclosed

_____

Phone Number

NOTE: Names will only be added once a year. To have your name added to the Veterans Memorial, your request must be presented at Cuba City City Hall by **May 1st**. Any requests received after this date will not be added until the following year.

For Office Only:

Date Received: _____

Verification of DD 214 received _____

*Fax to J P Vincent
815-777-2388