BOROUGH OF MONT ALTO

EST. 1911

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MONT ALTO, PA 17237

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Application for Veterans Memorial Paver

One Paver Application Per Form

Applicant Name: _____ **Phone: (Home)** _____

Address: _____ **Box** ____ **(Work)** _____

City: _____ **(Cell)** _____

State: _____ **Zip:**_____

Sample Brick Paver:

JM Patterson **Major, USAF** **1963 - 1983**

OR

John M. Doe **ARMY 11-68/12-69** **VIETNAM**

Instructions: Beginning in the first block of each row, neatly fill in the text to appear on the paver. Each letter digit, space and punctuation mark counts as one character, and each box may contain only one character.

Brick Paver - Limited to 15 characters per line – Print Clearly

Address at time of Veteran's death: _____

Committee Review
(For Internal Use Only)

Service verified: Yes ( ) No ( )
KIA status verified: Yes ( ) No ( )
Payment received: Yes ( ) No ( )
Check # _____ Cash _____

Residency Verified: Yes ( ) No ( ) N/A ( )
Address verified: Yes ( ) No ( ) N/A ( )
Application approved: Yes ( ) No ( ) N/A ( )

Signed: _____ Date: _____, 20_____