	JOI TOF					
	CITY OF LEOTI			Council Meeting 1 st & 3 rd Monday –6:30 P.M.	Council Meeting 1 st & 3 rd Monday –6:30 P.M.	
	LEO					
	\$f	ee must be paid at the	NNER ORDER FORM time the order form is :	submitted		
VETERAN	INFORMATION:					
Full name	of person in the photo:					
Military R	ank Abbreviation:					
Branch of	Military:					
Military St	atus: Active Duty () Ve	teran () Memorial ()				
*** NOTE:	Please double check that al	l information is printed clea	rly and spelled correctly***	k		
APPLICAN	NT INFORMATION:					
Name of S	ponsor:					
Relationsh	ip to Veteran:					
Phone Nur	nber:					
Mailing Ad	ldress:					
Design:	D549 ()	D445〔〕	D446 []	D548 ()		
	HOMETOWN HEROES	* * * * * * * * * James Johnson MARINES We THANK YOU FOR YOUR SERVICE D445 We Thank You	Hometown Heroes	AIR FORCE ************************************		

Applicants are responsible for submitting accurate information as the banner will read as noted above. Once banners are printed, no changes can be made. I hereby grant the City of Leoti permission to use the photo in the Veteran Honor Banner Project. In addition, I take full responsibility that all the information provided is accurate.

Make all checks payable to City of Leoti. This is the direct cost of the banner, no individual or organization is profiting other than the producer of the banner.

Sponsor Signature

DATE _____

Office: (620) 375-2341 Fax: (620) 375-2416 E-mail: <u>cityofleoti@wbsnet.org</u> Website: <u>www.leotikansas.org</u> City Hall PO Box 7E 406 S 4th ST Leoti, KS 67861