



**GRANBY VETERANS MEMORIAL PROJECT
GRANBY HONOR ROLL MONUMENT REQUEST FORM**

Date of application: _____

VETERAN'S NAME AS IT WILL APPEAR ON THE MONUMENT:

First Name	Middle Initial	Last Name
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****DD214 MUST BE Attached with this application****

List veteran's current/past Granby address to meet residency criteria?

How many years has the veteran lived at this address? _____

If the address listed as home of record on the DD 214 is not in Granby please bring this form to the Town Clerks office at 215B West State Street for verification of the 10 year residency requirement.

To be filled out by the Granby Town Clerk.

I hereby verify that the above named applicant has resided in the Town of Granby for 10 years.

Date: _____ Signature _____

NAME OF PERSON MAKING REQUEST: _____

RELATIONSHIP TO VETERAN: _____

ADDRESS OF REQUESTER: _____

TELEPHONE # OF REQUESTER: _____

E-MAIL ADDRESS OF REQUESTER: _____

****(please leave either a phone # or email address so that we may contact you if we need to.)****

Please mail or drop off completed applications to the Granby Town Hall c/o Granby Veterans Memorial Committee 10 B West State Street Granby, MA 01033. Please note that all DD 214's submitted will be shredded upon approval unless you indicate that you want it mailed back to you.

GRANBY VETERANS MEMORIAL COMMITTEE TO HAVE FINAL APPROVAL

Approved ___ Disapproved ___ Date _____

Comments _____
