



# CITY OF FARMERSVILLE MILITARY BANNER APPLICATION



## Honoree Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Years of Service: \_\_\_\_\_ Rank Achieved: \_\_\_\_\_

Branch:  Army  Navy  Air Force  Marines  Coast Guard

**KIA** - Honoree was Killed in Action  **POW** - Honoree was a Prisoner of War

## Applicant Information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to Honoree: \_\_\_\_\_

Photo Provided:  Physical  Digital  (Email to [sthompson@cityoffarmersville-ca.gov](mailto:sthompson@cityoffarmersville-ca.gov))

Payment Type:  Cash  Check  Card Notes: \_\_\_\_\_

**APPLICATIONS SHOULD BE SUBMITTED TO  
CITY OF FARMERSVILLE - CITY HALL  
909 WEST VISALIA ROAD, FARMERSVILLE, CA**

Questions?  
Steven Thompson, [sthompson@cityoffarmersville-ca.gov](mailto:sthompson@cityoffarmersville-ca.gov)  
559-747-3330