

**VILLAGE OF SOLVAY HOMETOWN HERO BANNER
APPLICATION PROCESS**

1. Hometown Hero Banner will be on display from approximately May through November for 2 consecutive years at a **cost of \$150**. After 2 years, the banner will be provided to you for your use or can be renewed for display at a discounted rate.
2. Print Hometown Hero Banner Application on next page.
3. Complete all information. Applicant is responsible for the accuracy of the information. Banners will be printed according to the information that is provided and no changes will be made after that.
4. Application and photo submission options:
 - a. Scan (or take picture with smart phone of) completed application and photo and submit via email to:

Karomano0104@gmail.com and hdecarlo@villageofsolvay.com

Please note on the email subject line: *Hometown Hero Banner*

- b. Send application, photo, and check via USPS to:

Village of Solvay Clerk
1100 Woods Rd
Solvay, NY 13209

5. Payment options:
 - a. Make check payable to: *Village of Solvay* and note on check memo line: *Hometown Hero Banner for "name of Veteran"*. Send to: Village of Solvay Clerk (address above).
 - b. Pay by credit card. Stop in or call the Village of Solvay office to pay by credit card.

QUESTIONS? Email karomano0104@gmail.com or call the Village of Solvay at 315.468.1670

APPLICATION DEADLINE: DECEMBER 1, 2024 for Spring/Fall 2025 display

VILLAGE OF SOLVAY HOMETOWN HERO BANNER APPLICATION

VETERAN INFORMATION:

First Name: _____ Middle Initial (optional): _____

Last Name: _____ Suffix (Jr, Sr) (optional): _____

Branch of Military: ___Army ___Navy ___Marine Corp ___Air Force ___Coast Guard

Military Rank Abbreviation (optional): _____

Date Photo Submitted: _____ Type of Photo Submitted: _____

**** PLEASE DOUBLE CHECK THAT ALL INFORMATION IS PRINTED CLEARLY AND SPELLED CORRECTLY ****

Applicants are responsible for submitting accurate information as the banner will be produced with the information above. Once banners are printed, no changes can be made.

APPLICANT INFORMATION (Use best contact information):

Name of Person Submitting Application: _____

Name of Person Submitting Photo: _____

Relationship of Applicant to Hometown Hero: _____

Applicant Phone Number: _____

Applicant Address: _____

Applicant Email: _____

Preferred Banner Location: _____ Milton Ave _____ Woods Rd

**** BANNERS WILL BE DISPLAYED APPROXIMATELY FROM MAY TO NOVEMBER FOR 2 CONSECUTIVE YEARS ****

I hereby grant, VILLAGE OF SOLVAY, permission to use the supplied photo, which includes a likeness of the veteran listed above for the Hometown Hero Banner Program. In addition, I take full responsibility for ensuring that all information provided is accurate. Banners will be returned at the end of the second season. The VILLAGE OF SOLVAY is not responsible for vandalism, theft, or weather-related wear and tear.

SIGNATURE

DATE

PRINT NAME

For Office Use Only: Check #: _____ OR _____ Paid by Credit Card

Date Paid: _____