



City of Montclair  
Human Services Department  
5111 Benito Street, Montclair, CA 91763  
Recreation Center: (909) 625-9479

## ACTIVE DUTY RETURNING APPLICANT MILITARY BANNER PROGRAM APPLICATION

### ACTIVE DUTY HONOREE'S INFORMATION

**PROOF OF ACTIVE DUTY MILITARY STATUS MUST BE SUBMITTED WITH THIS APPLICATION.**

*Please print/type the name of the Active Duty Honoree as it should appear on the banner.*

Middle Name/Initial

(OPTIONAL):

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Military Branch (CHOOSE ONE): AIR FORCE ☐ ARMY ☐ COAST GUARD ☐ MARINE CORPS ☐ NAVY ☐ SPACE FORCE ☐

### APPLICATION REPRESENTATIVE'S INFORMATION

The authorized Application Representative will be the primary contact for the Military Banner Program. The Application Representative, if not the same person as the listed Honoree, must receive permission from the Honoree to have a banner installed in public with Honoree's name and military branch. The Application Representative must be able to submit proof of the Honoree's active duty status as well as the Honoree's Montclair High School Diploma OR proof of the Honoree's Montclair residency. The City of Montclair may also present the Application Representative with the Honoree's retired Military Banner when they are no longer a current member of the U.S. Armed Forces or if the Application Representative fails to provide updated proof of the Honoree's active duty status.

Relationship to Military Banner Honoree: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### TERMS AND CONDITIONS AGREEMENT

I, \_\_\_\_\_, certify and agree to the terms outlined in the City of Montclair's Military Banner Program Guidelines. I also certify that the Military Banner Honoree listed in this application is an active duty member of the United States Armed Forces and **I agree to submit Proof of Active Duty Status at the time I submit this application.** I acknowledge that falsified information and/or failure to submit the requested documentation will result in the disqualification of this application from the City of Montclair's Military Banner Program. I also acknowledge that submitting this application along with the requested documentation does not guarantee the production of a Military Banner. Furthermore, I certify that I am the listed Honoree or I have permission from the listed Honoree to have a banner installed in public with their name and military branch.

- **Proof of the Honoree's Active Duty Status (REQUIRED):** YES, Proof is Attached ☐

Signature: \_\_\_\_\_ Date: \_\_\_\_\_