

# CITY OF FORT PIERCE MILITARY HOMETOWN HERO BANNER PROGRAM APPLICATION

## Applicant's Contact Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sponsor's Name (if desired to appear on banner): \_\_\_\_\_

## Honoree's Contact Information (required if the Honoree is living):

Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Waiver, Hold Harmless, and Indemnification Agreement (If living, must be signed by the Honoree. If deceased, must be signed by the Honoree's Legal Representative):

I, \_\_\_\_\_, as the Honoree or as the Legal Representative of the Honoree, hereby grant permission to the City of Fort Pierce to utilize the name and picture of \_\_\_\_\_ for the Military Hometown Heroes Banner Program. If signed by the Honoree, the Honoree hereby waives all claims and liability against the City of Fort Pierce and further agrees to defend, hold harmless, and indemnify the City of Fort Pierce against all claims and liability. If signed by the Legal Representative, the Legal Representative hereby represents that he or she has the legal authority to sign on behalf of the Honoree, and further agrees to defend, hold harmless, and indemnify the City of Fort Pierce from all claims and liability, to include the City of Fort Pierce's reliance on the asserted legal authority. Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Honoree/Legal Representative's Signature (NOTARIZED)

## FLORIDA NOTARY ACKNOWLEDGMENT

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn (or affirmed) and subscribed before me by means of  physical presence or  online notarization this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_, who is  personally known or  produced identification (ID) (ID produced: \_\_\_\_\_)

Signature: \_\_\_\_\_ (Seal)

NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**Name of the Honoree (as it will appear on the banner):**

\_\_\_\_\_

FIRST MIDDLE (OPTIONAL) LAST

**Residency:**

Is the Honoree a resident or past resident of the City of Fort Pierce?

Yes

No

**Branch of U.S. Military Service:**

U.S. Air Force

U.S. Marine Corps

National Guard

U.S. Army

U.S. Navy

Reserves

U.S. Coast Guard

U.S. Space Force

**Additional information for the banner (if desired and space permitting):**

Designated rank to appear on the banner: \_\_\_\_\_

Dates of service or name of military conflict service to appear on banner (multiple may be listed and best attempts will be made to include all): \_\_\_\_\_

(e.g., 2000-2020, WWI, WWII, Vietnam War, Korean War, Operation Enduring Freedom)

**Indicate the designation of the banner you would like to order:**

Active Duty

Veteran

Memorial

**What you will need to submit (see Policies and Guidelines for further detail):**

- Completed Application
- Proof of Military Service Dates
- Proof of Separation Status
- Photo of the Honoree in Uniform
- Proof of Residency
- \$100.00 Payable to the City of Fort Pierce (Within 15 days of approval)

**After submission:**

Proof of the banner will be provided after all the information has been submitted. The proof can either be emailed or viewed in person. A signature must accompany the proof before the order can be placed. Once the banner is no longer in use, it will be given to the Applicant.

**For any questions regarding the program please contact:**

**The City of Fort Pierce Public Works Department at: 772.467.3794**

