

## of Troy Township

| veterali s Name.                                 |                           | _ |
|--|---------------------------|---|
| Address:   |                           |   |
|  |                           |   |
| Phone #:   | Email:                    |   |
| Date of Birth:                                   | Branch of Service:        |   |
| Date MM/DD/YY Enlisted:                          | Date MM/DD/YY Discharged: |   |
| Grade or Rank at Discharge:                      | Title at Discharge:       |   |
| Job Title/Description:                           |                           |   |
| Medals Awarded or Other Citations:               |                           |   |
|  |                           |   |
| Injuries (if any):                               |                           |   |
| Name/contact info of nominator if different that | n above:                  |   |
|  |                           |   |

- Please include any interesting stories, events, and/or memories of their time in the military. Use additional sheets if needed.
- Attach a copy of discharge papers DD-214 and any other significant records regarding your time in the military. We will be happy to make copies and return your originals.
- The nominee must reside within Troy Township.
- The nominee must have an honorable discharge from the U.S. Military.
- Nominations should be delivered to Troy Township 25448 Seil Rd., Shorewood, IL 60404.
- Veterans recognition will be held at the Township during a regular scheduled Board meeting. The
  veteran will be contacted by Troy Township with the date and time of the
  Board meeting where the veteran themselves would receive their recognition.
  Family and friends may also attend.

Thank you, Joseph D. Baltz, Supervisor