CITY OF CYPRESS

VETERAN RECOGNITION

Name of Veteran: _____

Veteran Address: _____

Telephone Number:_____ Email: _____

Please provide information (in 250 words, more or less) on the Veteran you wish to be recognized (branch of military, dates of service, military rank, accomplishments, etc., and military photo if possible):

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Name of Person Submitting Form:_____

Telephone Number:_____ Email: _____

Please submit completed form in person, by mail or email to:

City Clerk's Office
City of Cypress
5275 Orange Avenue
Cypress, CA 90630
adm@cypressca.org