



# 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):

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  
[cityclerk@cypressca.org](mailto:cityclerk@cypressca.org)