

**CITY OF COCHRAN
MILITARY SERVICE FLAG**



DATE: _____

SERVICE MEMBER NAME: _____

BRANCH OF SERVICE (*CIRCLE ONE*): *AIR FORCE, ARMY, COAST GUARD, NAVY, MARINES*

FORM OF PAYMENT RECEIVED:

PRICE: \$100.00

CASH (*CIRCLE ONE*) YES/NO

CHECK# _____ MONEY ORDER# _____

IN CASE OF ANY QUESTIONS:

CONTACT PERSON REQUESTING THE FLAG

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE # _____ PHONE #:
(____): _____: _____

SIGNATURE OF PERSON REQUESTING THE SERVICE FLAG: _____

OFFICE REPRESENTATIVE ACCEPTING THE REQUEST: _____

DEADLINE FOR FLAG REQUEST:

JUNE 1-JULY PLACEMENT FOR FOURTH OF JULY

OCTOBER 1-NOVEMBER PLACEMENT FOR VETERANS DAY