



**MILITARY SERVICE FLAG**



**DATE:** \_\_\_\_\_

**SERVICE MEMBER NAME:** \_\_\_\_\_

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

**FORM OF PAYMENT RECEIVED:**

*ALL CHECKS PAYMENTS MADE PAYABLE TO CITY OF COCHRAN*

**PRICE: \$100.00**

**CASH \$** \_\_\_\_\_      **CHECK#** \_\_\_\_\_      **MONEY ORDER#** \_\_\_\_\_

**CONTACT INFORMATION:**

CONTACT PERSON REQUESTING THE FLAG

CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE # \_\_\_\_\_

PHONE #: (\_\_\_\_): \_\_\_\_\_: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**SIGNATURE OF PERSON REQUESTING THE SERVICE FLAG:** \_\_\_\_\_

**OFFICE REPRESENTATIVE ACCEPTING THE REQUEST:** \_\_\_\_\_