

TODAY'S DATE _____



City of Frankfort – Hometown Hero Sign Application

VETERAN'S NAME (will be on the sign): _____

MILITARY BRANCH: _____ YEARS OF SERVICE: _____

PHOTO: _____ PURPLE HEART: _____

Circle One

VETERAN KEEPING SIGN

OLD STONEY STORING SIGN

VETERAN/FAMILY CONTACT NAME: _____

ADDRESS: _____ ZIP CODE: _____

EMAIL ADDRESS: _____ PHONE: _____

*Please email back to kblack@frankfort-in.gov or turn in to the Community Development Office at Old Stoney
301 East Clinton Street, Frankfort, IN 46041*

*Application and Payment must be turned in by **Friday, October 17, 2025** to guarantee a sign for Veterans Day.*

Thank you for your service

OFFICE USE ONLY

Emailed info & picture: _____

Returned sign: _____

Other: _____

Other: _____

Payment Received: _____

Received Sign: _____

Distribution: Copy 1 - Applicant
Copy 2 – Print Shop
Copy 3 – Community
Development Director

