

# Military Proclamation Request

## Town of Denton

*We will notify you which Town Council Meeting the proclamation will be presented at.*

### **Military Service Proclamation Recipient Information:**

Name \_\_\_\_\_

Branch of Service \_\_\_\_\_

Rank \_\_\_\_\_

How Many Years in the Military \_\_\_\_\_

How Many Tours in Iraq / Afghanistan / Other \_\_\_\_\_ (circle)

Reason for Proclamation (*returning home from deployment / retiring, etc.*)  
\_\_\_\_\_  
\_\_\_\_\_

Born and Raised \_\_\_\_\_

High School Attended and Year Graduated \_\_\_\_\_

Current Duty Station \_\_\_\_\_

Graduate from Military School? (*If so, which one*) \_\_\_\_\_

**Please Note:** *Proclamations are read at the Town of Denton monthly council meetings. If the person or family member is present during the reading they will be presented the proclamation.*

*If the person or family member is not present we will be happy to mail the proclamation to you. Please provide the name, address, and phone number below of the person filling out this request. If the proclamation mailing address is different, please make sure to include that address as well. Thank you.*

**Contact Information:**  
(*of person filling out this form*)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/ State \_\_\_\_\_

Zip \_\_\_\_\_

Day Phone Number \_\_\_\_\_

Evening Phone Number \_\_\_\_\_

**Please Mail Proclamation to:**  
(*\_\_\_\_\_ check here if same as above address*)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

**Please return proclamation request to:**

Town of Denton

13 N. Third St.

Denton, MD 21629

**Or fax to 410-479-3534 or email to: [lorendorf@dentonmaryland.com](mailto:lorendorf@dentonmaryland.com)**