TODAY'S DATE _____

THE CITY OF FRANKFORT

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 16, 2026** 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

CITY OF FRANKFORT, INDIANA EST. 1830