

City of Revere

Veteran Memorial Pole Request Form

Thank you for your interest in obtaining a Veteran Memorial Pole in the City of Revere. Fill out the form as completely as possible and return to the Veteran Services Office at 249 Broadway Rear, Revere, MA 02151. Please review the Regulations for the Installation of Veterans Memorial Poles on the City of Revere Veterans Office webpage before filling out this application. Call 781-286-8100 with any questions.

I. Requestor's Information

- a. Full Name _____
- b. Email Address: _____
- c. Phone Number: _____
- d. Relationship to Veteran: _____

II. Veteran's Information:

- a. Full Name of Veteran: _____
- b. Branch of Service (Please Circle Applicable Branch):
 - i. Army
 - ii. Marine Corps
 - iii. Navy
 - iv. Air Force
 - v. Space Force
 - vi. Coast Guard
 - vii. National Guard
- c. Date of Start of Service: _____
- d. Date of End of Service: _____
- e. Where was the Veteran born (City, State): _____

Thank you. Please return by mail or in-person to:

Veteran's Service Office
249 Broadway Rear
Revere, MA 02151