

**CHARLES E. SHELTON FREEDOM MEMORIAL
COMMEMORATIVE PAVER PROGRAM
ORDER FORM**



CONTACT NAME _____

CONTACT PHONE _____

CONTACT ADDRESS _____

CONTACT EMAIL _____

THIS PROGRAM IS FOR VETERANS ONLY AND REQUIRES PROOF OF SERVICE. HONOREE MUST HAVE SOME CONNECTION TO OWENSBORO, KENTUCKY. EACH REQUEST WILL BE CAREFULLY REVIEWED. PLEASE BE SURE TO SUBMIT A COPY OF A DD-214 FORM OR SOME EVIDENCE OF HONORABLE DISCHARGE WITH THIS APPLICATION.

I WOULD LIKE TO ORDER (check one):

SMALL PAVER(S) (5.5"X 5.5") COST IS \$75 PER PAVER

~~LARGE PAVER(S) (12"X12") COST IS \$110 PER PAVER~~ **SOLD OUT**

APPLICATIONS WILL BE REVIEWED ON A FIRST COME, FIRST SERVE BASIS. THERE IS A LIMITED NUMBER OF PAVERS AVAILABLE. FOR QUESTIONS: LESLIE NEELEY, 270-687-8561; NEELEYLK@OWENSBORO.ORG

By signing below, I acknowledge that I provided information attached to this application for the paver(s), that it is correct, and I authorize the City of Owensboro to use this information for an engraved brick to be installed at the Charles E. Shelton Freedom Memorial:

NAME (PLEASE PRINT AND SIGN)

DATE

We will provide you with a certificate confirming your paver order once it is approved and payment is received. However, actual installment of the engraved paver will be at a later date. Please check the box to your left if you would like for us to mail your certificate to your above stated address. Otherwise, you will need to contact Danielle Woodward to make arrangements to pick it up at City Hall. We cannot guarantee the certificate will arrive in the mail without damage.

ATTACH THE FOLLOWING:

1. PROOF OF SERVICE:

Copy of DD-214 Form Provided with Application; or

Other (Please Explain): _____

2. PAVER GRID (NEXT PAGE) (this is to show how you want your paver to read)

3. PAYMENT (\$75 for Small). (Make checks payable to City of Owensboro, or attach credit card form.)

RETURN THIS FORM & ATTACHMENTS TO: LESLIE NEELEY, CITY HALL, 101 E. 4TH ST., OWENSBORO, KY 42303.

CREDIT CARD FORM

(Circle one): **VISA**

MASTERCARD

DISCOVER

CREDIT CARD #: _____

EXPIRATION DATE: _____

AMOUNT: _____

ZIP CODE: _____

NAME ON CARD: _____

PHONE #: _____

There is a 2.5% fee for use of credit card.

i.e., for \$75 charge, the fee is \$1.88, making it a total of \$76.88.