CITY OF ST. CLAIRSVILLE - VETERAN BANNER PROGRAM APPLICATION

Thank you for your interest in participating in the City's Veteran Banner Program. Please complete this application in full. Submission of this form does not guarantee banner placement. Banner placement is subject to program availability, approval, and compliance with City requirements.

Program Guidelines / Rules

1. Initial Banner Fee: $100.00 per banner
2. Annual Rehang Fee: $25.00 per banner, due prior to each display season.
3. Banner fees are non-refundable once production has begun.
4. Banner placement locations are determined solely by the City; placement requests are not guaranteed.
5. Banner design, layout, and formatting shall remain uniform and be determined by the City/vendor.
6. Banners may be removed, relocated, or replaced at the City's discretion due to weather, damage, maintenance, pole availability, or operational needs.
7. The City is not responsible for banner damage caused by weather, vandalism, accidents, or other unforeseen events.
8. Replacement of damaged or lost banners shall require payment of applicable replacement costs unless otherwise approved by the City.
9. Banners not renewed for rehang may be picked up by the applicant/family within thirty (30) days of notification; banners not claimed may be disposed of by the City.
10. The City is not responsible for storing banners indefinitely.
11. Submission of false or misleading information may result in denial or removal from the program.

Applicant Information

Applicant Name: _____Relationship to Veteran: _____

Address: _____ Phone Number: _____

Email Address: _____

Veteran Information

Veteran Full Name (as to appear on banner): _____

Rank/Title (if applicable):

Required Documentation. *Please submit the following with this application:*

☐ Clear photograph of the veteran for banner use

☐ Proof of military service (DD214, military ID, discharge papers, obituary listing service, etc.)

Banner Fee / Payment Information

Amount Paid: $ _____

Payment Received: ☐ Yes ☐ No Date Received: _____Receipt Number: _____

Applicant Certification and Acknowledgment

By signing below, I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that I have read and understand the Veteran Banner Program Guidelines and agree to abide by all program requirements.

Applicant Signature: _____Date: _____