

**LOWER SOUTHAMPTON TOWNSHIP
VETERANS ADVISORY COUNCIL
HALL OF HEROES DEDICATION FORM**

Veteran's Full Name: _____

Address: _____

Branch of Service: _____

Rank at Discharge: _____

Dates of Service: _____

Requester's Name: _____

Address: _____

Phone #: _____ **Email:** _____

After completing the form, please print the form. Completed form can be dropped off at the Township Administration Building, 1500 Desire Avenue, Feasterville, PA 19053 or Email to lstwp.vac@gmail.com

REQUIRED:

- DD-214 (Honorable Discharge)
- At least 5 years of residency in Lower Southampton Township
- \$10 fee