



HONORING LOCAL RESIDENTS AND FAMILIES
IN THE AMERICAN ARMED FORCES
REGISTRATION FORM

PERSON COMPLETING FORM

Name: _____ Relationship: _____
Address: _____ Zip Code: _____
Phone #: _____ Email: _____

MILITARY MEMBER INFORMATION

Name: _____ Phone #: _____
Address: _____ Email: _____
City, State, Zip: _____
Branch of Service: _____ Rank: _____
Military Unit: _____
Country of Duty: _____
Years of Service: _____
Medals/Ribbons/Honors: _____
Additional Information: _____

***Please note: All photographs submitted should be sent in electronic jpeg. format**

Please return completed form to: Amber Victoria
City of Agoura Hills
30001 Ladyface Court
Agoura Hills, CA 91301
(818) 597-7316 Fax (818) 597-7341
Email: avictoria@ci.agoura-hills.ca.us