



Rochelle Long, Clerk  
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*Office of*  
**KLAMATH COUNTY CLERK**

**Application for Klamath County Veterans Recognition Program**

Date\_\_\_\_\_

Name\_\_\_\_\_

Residence Address\_\_\_\_\_

Mailing Address (if different)\_\_\_\_\_

Telephone Number\_\_\_\_\_

Email Address\_\_\_\_\_

How did you hear about the program? (optional)

\_\_\_\_\_

Signature\_\_\_\_\_

Office Use:

DD214 Recording Number\_\_\_\_\_

Photo I.D. Presented_____
Completed by_____