Veteran of the Month
Nomination Form

Please complete the form below to nominate any military veteran of your choice; the veteran can be from any branch or service era. The nominated Veterans will be considered for recognition at City Council meetings. If you have any questions, please contact Karen Garza at (956) 791-7463 & email: kgarza2@ci.laredo.tx.us.

Nominee Name: ____________________________________________

Branch(es) of Service: ____________________________________________

Military Rank: ______________________  Dates of Service: ______________________

City of Laredo Resident:   Yes       No

Telephone: ______________________  Email: ______________________

Address: ____________________________________________

City: ______________________  Zip: ______________________

Please share a brief summary below explaining your main reason nominating your selected veteran. If possible, include any type of attachments. (Certificates, recognitions, awards, medals, ribbons etc.)

Nominated By: ____________________________________________

Brief Summary: ____________________________________________

_________________________________________________________________________________

Address: ______________________  City: ______________________  Zip: ______________________

Telephone: ______________________  Email: ______________________

Please submit this form to the following:

Public Information Office
Laredo City Hall
1110 Houston Street

Email: kgarza2@ci.laredo.tx.us
Website: www.cityoflaredo.com