



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