

**Town of Fairfield  
Military Wall of Honor  
\$20 each plaque**

**Name of Veteran** \_\_\_\_\_

**Branch of Service** \_\_\_\_\_

**Years of Service** ( ie: 1976-1986) \_\_\_\_\_

**Any additional lettering has to be approved by town council at a cost of .50 a letter and/or space.**

**Contact Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Contact email or mailing address:** \_\_\_\_\_

**Paid** \_\_\_\_\_

**Date of order** \_\_\_\_\_

Make payment to Town of Fairfield  
PO Box 334  
Fairfield, WA 99012

If you have questions about the plaque, please call Shana at 509-688-0990  
sjacks@jsirecruit.com