

Hometown Hero Application

Please be sure that you have the following documents ready to submit with your application:

- Copy of the service member's driver's license or other government-issued ID (for background check)
- Proof of service member's residency in Cooper City or current employment by the City
- Verification of Active Duty status or honorable discharge
- High-resolution digital photograph (head/neck/shoulders) or a 300-dpi or higher scan. Official/in-house portrait is preferred.

Email the completed application along with the required supporting documents to Tallen@coopercity.gov or mail to the City Clerk's Office, 9090 SW 50th Place, Cooper City, FL 33328.

APPLICATION FORM

Name of the service person:

First _____ Last _____

Date of Birth: _____

Branch of military service:

- Air Force Army Coast Guard National Guard-Active Reserves
 Navy Marine Corps Space Force

Status

- Active Duty Veteran In Memoriam

Years of service (please enter in a xxxx-xxxx format): _____



Contact information of the person filling out the application

Email: _____

Address: _____

Phone number: _____

Name:

First: _____

Last: _____

Relationship to the service member:

Self Other _____

By typing my name below, I am electronically signing this form. By electronically signing below, I certify that the information provided in this application is true, accurate, and complete and grant permission to the City of Cooper City to utilize the name and likeness of myself or the service member on whose behalf I submitted this application for the City of Cooper City Hometown Heroes Program. Images of the banners and any program-related photographs, videos, audio, or interviews may be used in newspapers, television, radio broadcasts, City websites, and City publications, as may be determined at the sole discretion of the City. I hereby release, waive, and discharge any claims of any kind or nature arising out of or relating to the use of such name or likeness against the City or any person or firm authorized by the City to publish said materials (“Publisher”), and employees, agents, volunteers, and elected or appointed officials of the City and assigns of the City. This Waiver and Release shall be binding upon me and the service member on whose behalf I submitted this application, and our respective successors, heirs, assigns, executors, administrators, spouses, and next of kin. (If signed by a person other than the service member, the person signing represents that he or she has the authority to sign on behalf of the service member, and agrees to defend and indemnify the City of Cooper City from all claims and liability for its reliance on the signer’s authority).

Signature: _____

Date: _____

9090 SW 50 Place, Cooper City, Florida 33328 | 954-434-4300 | info@CooperCity.gov | www.CooperCity.gov



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