



Richard LaBarbiera, Mayor



**BOROUGH OF PARAMUS**

**Office of Veterans Affairs**

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**VETERANS EMAIL REQUEST FORM**

(Please Print Clearly)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Years Served: \_\_\_\_\_ to \_\_\_\_\_

Rank Held At Time Of Discharge: \_\_\_\_\_

Are You A Member of A Veterans Organization? \_\_\_\_\_

If YES, Which One(s) \_\_\_\_\_

\_\_\_\_\_

Veterans Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b><u>FOR OFFICE USE ONLY:</u></b>	APPROVED _____	REJECTED _____
BY: _____	TITLE: VETERANS SERVICE OFFICER	DATE: _____

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