ORDER FORM
TOWN OF SOMERS VETERANS MEMORIAL WALKWAY PAVER

Your Name:_____

Your Address:_____

City: _____ **State:** _____

Zip: _____ **Phone:** _____ **E-Mail:** _____

Fill in the boxes leaving a blank for spaces using guidelines suggested below

Suggested Guidelines for Engraving
Line One: "In Honor of", "In Memory of", or other condolence and icons
Line Two: Veteran's First/Last Name and Rank
Line Three: Branch of Service
Line Four: Dates Served
Line Five: Military Unit, Ship, Specific Battle, Medal, Conflict
Line Six: Your Individual Name, Family of, Organization, Business, or Association
*You are not required to use all six lines.

Print clearly and proofread to avoid errors.

Added Option: Special Military Insignia Images
Extra charge applies. Ask us for a quote.

Added Option: Free Icon
Circle if you want icon added at no extra charge.

By signing below, I certify the information above is correct. The Town of Somers will not bear responsibility for errors caused by the undersigned. No refunds will be issued for any reason. The Town of Somers will review the proposed inscription and if it does not meet the guidelines above, the undersigned will be contacted. Payment must be remitted at the time paver is ordered. All engraved bricks shall become the property of the Town of Somers.

By_____ Date _____

Payment: ( ) Cash ( ) Check payable to Town of Somers. Your Check Number _____