



KENOSHA HOMETOWN HEROES COMMISSION NOMINATION
Form #KHH100 (rev. 01/20)

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY

Nominee's Information

Nominee's Name _____

Address _____ City/State _____ ZIP _____

Phone _____ Email _____

Nominations should contain specific facts and details. Please submit nomination from and, if possible, a copy of the DD Form 214 (Certificate of Release or Discharge from Active Duty) to:

*City of Kenosha
Kenosha Hometown Heroes Commission
625 52nd Street, Room 300
Kenosha, WI 53140*

Please provide a DD214 form with this Nomination Form. (Black out the Social Security #)

MILITARY SERVICE

Please include and Decorations and Military Awards:

Please include Military Specialty Schools:

Please include Nominee's Branch, Pay Grade, Military Service Dates/Length of Service:

Please include Tours of Duty:

COMMUNITY SERVICE

Please include Veteran organizations:

Please include volunteer work:

Please include Civic Organizations:

Please include Community Awards, etc.:

OTHER ACCOMPLISHMENTS

Please include describe something that is considered Above and Beyond the Call of Duty.

Nominator's Information

Nomination Submitted by: _____

Address _____ City _____ Zip _____

Phone _____ Email _____

Do you wish to remain anonymous for media purpose? Yes _____ No _____