City of La Habra

101 W. La Habra Blvd.
La Habra, CA 90631

LA HABRA
MILITARY BANNER
RECOGNITION PROGRAM

A CARING COMMUNITY
EST. 1925
CITY OF LA HABRA

The City of La Habra invites you to participate in the La Habra Military Recognition Banner Program, which offers an opportunity to honor past and present military personnel who reside in the City.

Who qualifies for a banner?
Anyone who lives or lived in La Habra during their military service.

What do the banners look like?
Banners are made from 15 oz. double-sided "blackout" material and measure 30 by 90 inches, with two-inch top and bottom pockets.

Where will the banners be displayed?
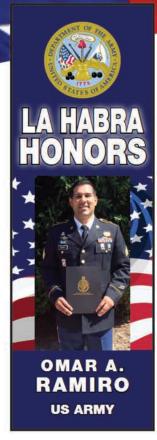They will be installed by the City along La Habra Blvd.
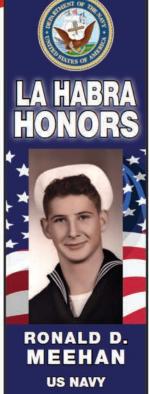
How long will the banner be displayed?
Banners will be displayed for one year and given to the family as a keepsake after being removed. Family contact information will be updated annually by telephone.

What is the cost of a banner?
The cost is $175 per banner, which includes installation and care.

The City will not be responsible for replacing banners that are stolen, damaged or destroyed due to sun, weather, age, vandalism or any act of nature beyond our control, such as high winds.

LA HABRA HONORS

OMAR A. RAMIRO
US ARMY

RONALD D. MEEHAN
US NAVY

How can I order a banner?
1) Complete the order form
2) Provide a military photo (email high resolution file or turn in a hard copy).
3) Mail or deliver the order form and payment to:
   City of La Habra
   Attn.: Military Recognition Banner Program
   101 W. La Habra Blvd., La Habra, CA 90631

Banner Installation Schedule:
May Installation – Memorial Day
  Banner request and payment due by May 1st
November Installation – Veterans Day
  Banner request and payment due by October 15th

Military Banner Application

Honoree Name: _____

Branch of Service: _____

Rank: _____

Veteran   or   Active Duty (please circle one)

Contact Name (payee): _____

Relationship: _____

Contact Phone # 1: _____

Contact Phone # 2: _____

Contact E-mail: _____

Contact Address: _____

City: _____

State/Zip Code: _____

AMOUNT: $_____

☐Cash   ☐Check#: _____

☐ Credit Card (We accept MasterCard & Visa ONLY)

☐ VISA   ☐MASTERCARD

Name on Card: _____

Card #: _____

Exp. Date _____ CVC#: _____

Signature: _____

For office use only:

Date Received: _____ Payment: _____

For more information, contact Marcia Taylor at (562) 383-4207 or mtaylor@lahabraca.gov