

**THIS FORM WILL ONLY BE ACCEPTED THROUGH 12/31/25 TO ALLOW US TIME  
IN 2026 TO REVIEW EVERYTHING WE'VE COLLECTED SO FAR**

### **Request For Addition to Veterans Memorial Wall**

*Names are accepted that meet the following criteria: All U.S. Veterans who served before, during, or after their residence in the Township of Three Lakes and/or any living or deceased Veteran who has any affiliation or tie to the Township of Three Lakes and surrounding area who completed active military service with honorable discharge.*

Full Name of Veteran (first, middle, last): \_\_\_\_\_

Branch of Service: \_\_\_\_\_

\*\*\*\*\*

Name of person submitting request: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Mail back to: Town of Three Lakes; P.O. Box 565; Three Lakes, WI; 54562

Email back to: [townsecretary@townofthreelakeswi.gov](mailto:townsecretary@townofthreelakeswi.gov)