

LYCOMING COUNTY DEPARTMENT OF VETERANS AFFAIRS

Commissioners
R. JACK MCKERNAN
Chairman

TONY R. MUSSARE
Vice Chairman

RICHARD MIRABITO
Secretary

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W. MICHAEL MCMUNN
Director of Veterans Affairs

NATALIE S. STEPPE
Assistant Director of Veterans Affairs

JAMES M. MITCHLEY
Assistant of Veterans Affairs

KEELY HITCHENS
Secretary

I HEREBY SUBMIT BILL FOR THE SUM OF \$ _____ FOR SERVICES
RENDERED IN CARING FOR _____ VETERANS' GRAVES AT \$4.00 PER GRAVE
FOR THE YEAR OF _____ IN _____ CEMETERY.

CITY:
BOROUGH:
TOWNSHIP: _____ LYCOMING COUNTY, PA

I CERTIFY THAT SUCH CARE HAS BEEN PERFORMED FOR THE YEAR OF _____.

SIGNATURE & TITLE

DATE

CHECK PAYABLE TO:

NAME

PHONE NUMBER

ADDRESS

CITY & STATE

**MAIL TO: LYCOMING COUNTY VETERANS AFFAIRS
48 WEST THIRD STREET
WILLIAMSPORT, PA 17701**

Please submit bills for each year between September 1 and December 15th.