



County/Tribal Veterans Service Officer Information Form



VSO Name: _____
(last name) (first name) middle initial

Office Address:

Street/PO Box: _____

City: _____

State: _____ Zip: _____ County/Tribe: _____

Office Hours:

Days: _____ Hours: _____

Contact Information:

Office Phone Number: _____ Home/Cell Phone Number: _____

Fax Number: _____ Email: _____

Field Service Officer Comments:

Comments: _____

Field Officer: _____

Date: _____

Mail this form, a copy of discharge papers, and the certified copy of the commission/ council minutes pertaining to the appointment, to the Pierre Office.