

REFLECTIVE ADDRESS MARKER

ORDER FORM

Please complete the following information:

Name: _____

Address: _____

City, ST Zip: _____

Phone Number: _____

Address Number Requested

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Note: If your address has fewer than 5 digits, please X those boxes not used.

Mounting Preference

HORIZONTAL _____

VERTICAL _____

HORIZONTAL

Mounting bracket not included.

For more information,
please contact Jackie Poff
(269) 469-1011, ext 102

V
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ONLY

\$15



MAIL TO:

**NEW BUFFALO TOWNSHIP
 FIRE DEPT., INC.**

17425 RED ARROW HwY

NEW BUFFALO, MI 49117