

REFLECTIVE ADDRESS MARKER ORDER FORM

Please complete the following information:

Name: _____
Address: _____
City, ST, Zip: _____
Phone Number: _____

Address Number Requested

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

Mounting Preference

HORIZONTAL:

VERTICAL:

HORIZONTAL

SIGN IS 6" X 18" WITH
4" REFLECTIVE
NUMERALS BOTH SIDES

V
E
R
T
I
C
A
L

Installation available for Effingham Sr. Citizens

ONLY \$20*

* ADD \$5 FOR MAIL
OR YOU CAN PICK UP
AT EFFINGHAM
TOWN OFFICE

MAKE CHECKS PAYABLE TO:
Effingham Vol. Fire Association

MAIL TO:
Effingham Vol. Fire Dept.
P.O. Box 6
Effingham, NH 03882