

# 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