

LAMAR TWP. VOLUNTEER FIRE COMPANY

REFLECTIVE ADDRESS MARKER ORDER FORM

Please complete the following information:

Name _____
Address _____
City, State Zip _____
Phone Number _____

Address number requested

Note: If your address has fewer than 5 digits, start at the left and x those boxes not used

Mounting Preference

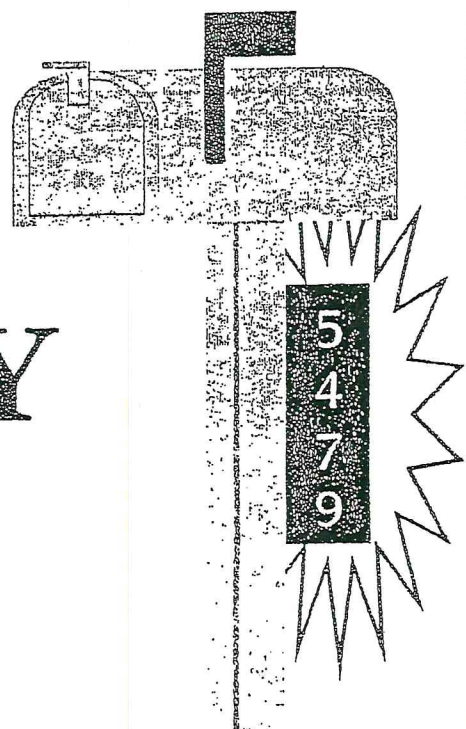
HORIZONTAL

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5 DIGITS MUST BE HORZ



ONLY

\$15.00

Make checks payable to:
LAMAR TWP. VOL. FIRE COMPANY

LAMAR TWP. VOL. FIRE CO.
91 Fire House Road
Mill Hall, PA 17751

Payment must accompany form before sign is made.