

# **RICHLAND FIREFIGHTER ASSOCIATION**

## **REFLECTIVE ADDRESS MARKER ORDER FORM**

Please complete the following information:

<b>Name</b> _____ <b>Phone Number</b> _____
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### **Address Number Requested**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Note: If your address has fewer than 5 digits, please X those boxes not used  
YOUR NUMBER WILL NOT BE CHANGED.

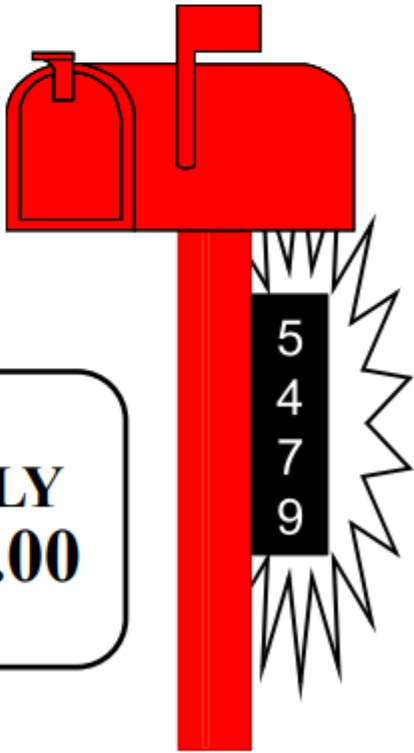
### **Mounting Preference**

**HORIZONTAL** \_\_\_\_\_  
**VERTICAL** \_\_\_\_\_  
(CHECK ONE)

<b>HORIZONTAL</b>
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<b>V E R T I C A L</b>
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**ONLY  
\$20.00**



Thank you for your order.

Please make checks payable to:  
Richland Firefighters Association

Payments maybe made by cash or check

For office use only: Date order received _____ Paid? _____ Date order completed _____ Customer called _____
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