

NEW ALEXANDRIA VFD

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 X those boxes not used.

TYPE OF MARKER

MAILBOX _____
GREEN BACKGROUND W/WHITE NUMBERS
VERTICAL ___ HORIZONTAL ___

HOUSE _____
WHITE BACKGROUND
HORIZONTAL ONLY

Make Checks Payable to:
NEW ALEXANDRIA VFD

Mail to:
NEW ALEXANDRIA VFD
RR 3, BOX 3 GAY ST
NEW ALEXANDRIA, PA 15670

ONLY
\$15 EACH

