

**REFLECTIVE 911  
ADDRESS MARKER  
ORDER FORM**

**Please complete the following information:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Road Name** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

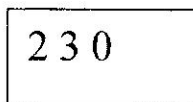
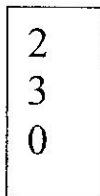
**Please fill in the spaces below with your address number**

\_\_\_\_\_ **example. 2 3 0** \_\_\_\_\_

**REFLECTIVE NUMBER MARKER (\$20.00)**

**Quantity requested** \_\_\_\_\_

**Vertical sign** \_\_\_\_\_ **horizontal sign** \_\_\_\_\_



**Features:**

- \*Highly visible day or night\***
- \*Reflective material on both sides\***
- \*Lasts for years\***
- \*Sign is 6" x 18"\***

**Make checks payable to:**

**Millville Fire Company**

**P.O. Box 80**

**Millville Pa,17846**

**You will be notified by phone when your signs are ready to be picked up.**