

BOONVILLE FIRE COMPANY

REFLECTIVE ADDRESS MARKER ORDER FORM

Please complete the following information:

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

Address Number Requested

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Note: If your address has fewer than 5 digits, please X those boxes not used
YOUR NUMBER WILL NOT BE CHANGED.

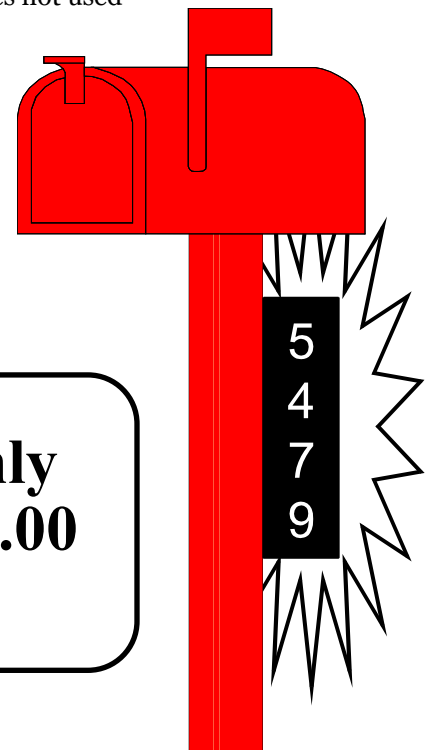
Mounting Preference

HORIZONTAL _____
VERTICAL _____
(CHECK ONE)

HORIZONTAL

V
E
R
T
I
C
A
L

Only
\$20.00



TO ORDER:
CALL SALLY AT 315-955-4475

MAIL TO:
BOONVILLE FIRE CO.
P.O. BOX 164
BOONVILLE, NY 13309

E-MAIL TO: BoonvilleFire@frontiernet.net