

DATE: _____

****SIGNS MAY BE PICKED UP AT THE
TOWN HALL ONCE COMPLETED****

ALEXANDRIA VOL. FIREFIGHTERS ASSOC.

REFLECTIVE ADDRESS MARKER ORDER FORM

Please complete the following information:

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

☐ Please check this box if you need assistance putting up your sign

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.

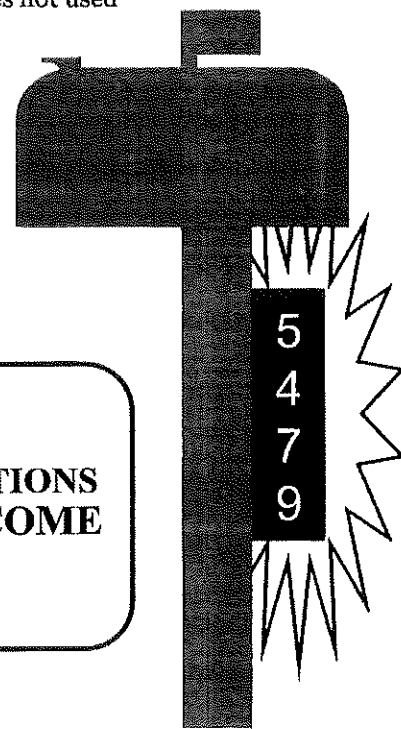
Mounting Preference

HORIZONTAL _____
VERTICAL _____
(CHECK ONE)

HORIZONTAL

**V
E
R
T
I
C
A
L**

**DONATIONS
WELCOME**



SEND TO:

**A.V.F.A.
P.O. BOX 282
ALEXANDRIA, NH 03222**

QUESTIONS? SEND INQUIRY TO ABOVE ADDRESS

OFFICE USE ONLY

Donation Amount: _____ Cash/Check

Sign Completed: _____

Thank You Sent: _____