

CHELSEA FIRE FIGHTERS, LOCAL 1889

(734) 475-8755

REFLECTIVE ADDRESS SIGN ORDER FORM

PLEASE COMPLETE THE FOLLOWING INFORMATION

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE #: _____

ADDRESS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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IF YOUR ADDRESS HAS FEWER THAN FIVE DIGITS, PLEASE "X" BOXES NOT USED
SPECIAL CHARACTERS CAN BE MADE UPON REQUEST

MOUNTING PREFERENCE: ___ HORIZONTAL ↔ ___ VERTICAL ↕

SIGN COLOR: ___ GREEN ___ BLUE

NUMBER COLOR: ___ **WHITE** ___ **YELLOW**

COST PER REFLECTIVE ADDRESS SIGN: \$20

MAKE CHECK PAYABLE TO: "CHELSEA FIRE FIGHTERS, LOCAL 1889"

PAID: ___ DATE: ___/___/___ PAYMENT RECEIVED BY: _____
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