



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 out boxes not used.

Mounting Preference

HORIZONTAL _____
 VERTICAL _____

HORIZONTAL

**V
E
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L**

SEND CHECKS WITH ORDER FORM TO:

Kimberton Fire Co.
PO Box 99
Kimberton PA 19442

Or

Liberty Steam Fire Co.
20 S Main St
Spring City PA 19475



Installed on your post.

Installed on your mailbox.

Installed Free for those who need help.
Installation is quick and easy.
Pick up at either fire company.
Not for Townhouse Communities.

Questions?
Call
610-935-1388