



# 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**

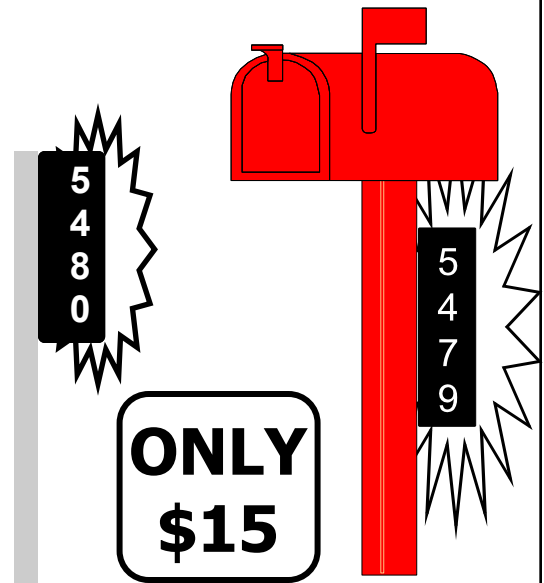
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SEND CHECKS WITH ORDER FORM TO:

**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**