

REFLECTIVE ADDRESS MARKER ORDER FORM

Please complete the following information:



Name	
Address	
City, ST Zip	
Phone Number	

Address Number Requested

1 1		

Note: If your address has fewer than 5 digits, please X out boxes not used.

Mounting Preference

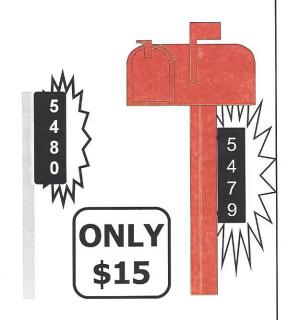
HORIZONTAL _____
VERTICAL ____

HORIZONTAL

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 V E R T I C A L



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