



ST. STEPHENS FIRE DEPARTMENT



REFLECTIVE ADDRESS MARKER ORDER FORM

Name: -----

Address: -----

City, St, Zip Code: -----

Phone Number: _____

Address Number Requested

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

Type of Marker

(Blue Background with White Numbers)

Mailbox ___ House _____

Vertical _____ Horizontal _____

With Post \$25.00 --

Without Post \$20.00 --

Make Checks Payable to:

St. Stephens Fire Dept. : Safety House

Mail to:

St. Stephens Fire Department
4060 Springs Rd.
Conover, NC 28613

