

WHITE CLOUD FIRE DEPARTMENT IN PARTNERSHIP WITH WHITE CLOUD POLICE DEPARTMENT

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 those boxes not used.

Mounting Preference

HORIZONTAL _____
VERTICAL _____

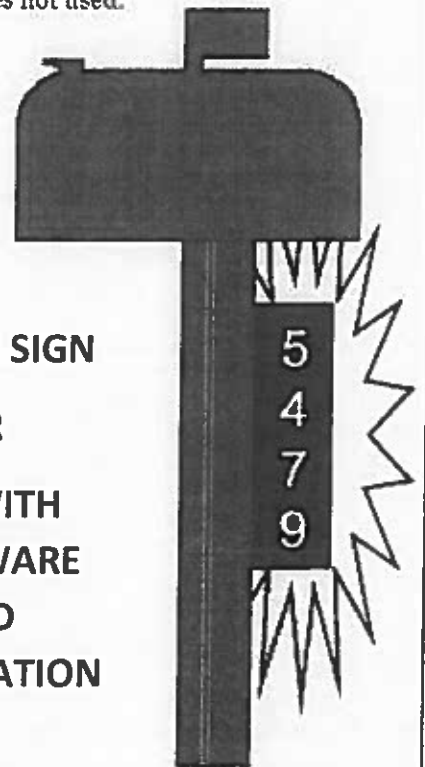
HORIZONTAL

**V
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\$10 PER SIGN

OR

\$15 WITH
HARDWARE
AND
INSTALLATION



DROP COMPLETED FORM OFF TO THE
FIRE DEPARTMENT OR CITY HALL

OR MAIL TO:

WHITE CLOUD FIRE DEPARTMENT
PO BOX 911
WHITE CLOUD, MI 49349
CHECKS PAYABLE TO: WHITE CLOUD FIRE