

IN AN EMERGENCY



HELP US, HELP YOU

REFLECTIVE ADDRESS MARKER ORDER FORM

Please complete the following information:

NAME: _____

Address: _____

City, St ZIP: _____

Phone Number: _____

Address Numbers Requested

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

Mounting Preference

HORIZONTAL: _____

VERTICAL: _____

HORIZONTAL

V
E
R
T
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C
A
L

**ONLY \$15
INSTALLED IN
OUR DISTRICT.**



Payment Method

Mail this form and payment to:
 Scriba Volunteer Fire Corporation
 5618 State Route 104
 Oswego, NY 13126

Cash _____

Check _____

Credit Card# _____

Expiration: _____ CVC#: _____ ZIP: _____

For Questions, Please Call: 315-343-4545 or on Facebook