

REFLECTIVE ADDRESS SIGN ORDER FORM

Lower Milford Fire Co.

PO Box 1

Limeport, PA 18060



Please PRINT legibly.

Name _____

Address _____

City _____ State _____

Zip _____ Phone (____) _____ - _____

Please Circle: Horizontal - \$15  or Vertical - \$19 
Quantity _____ Quantity _____

Make check payable to *Lower Milford Fire Co.* and send, with the completed form, to the above address.

Pick up your sign(s) between 7:00 PM and 9:00 PM in the Lower Milford Fire Company Truck Room on a **Monday** night. Signs will **not** be sent via mail. **THANK YOU!!**

For Office Use Only:

Payment Type: Cash Money Order Check # _____

Received by: _____

LOWER MILFORD FIRE COMPANY NO. 1

RECEIPT

Reflective Address Sign(s)

Quantity: _____ x \$15 = \$ _____

_____ x \$19 = \$ _____

TOTAL = \$ _____