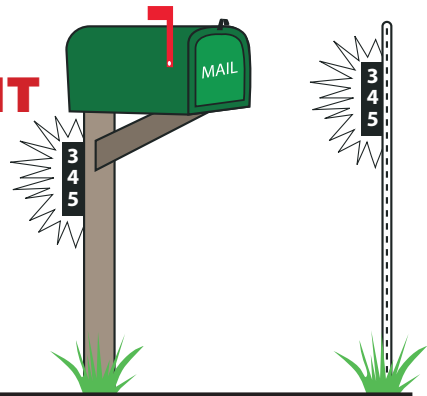


**HELP US FIND YOU IN AN EMERGENCY!**  
**YOUNGSVILLE FIRE DEPARTMENT**  
**REFLECTIVE**  
**ADDRESS MARKER**  
**ORDER FORM**



Complete all info either: (A) type in on-screen, then print the form... OR (B) print the form, and write in all information.

NAME \_\_\_\_\_

*Please print clearly.*

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

**ADDRESS NUMBER(s) REQUESTED:**

--	--	--	--	--

Place one number per box. If the address number requested has less than 5 digits, please place an X in any unused box(es).

**MOUNTING / ORIENTATION PREFERENCE:**

Choose one:

*Example:*

Horizontal

**3583**

Vertical

**3  
5  
8  
3**

**Cost: \$15**

CASH (in person) or CHECKS accepted.

*Make checks payable to: **Youngsville Fire Dept.***

Mail this order form with your check to:

**911 SIGNS**

**P.O. Box 32**

**Youngsville, NY 12791**

Questions? (845) 482-3600

**FOR OFFICE USE ONLY**

Order Date: \_\_\_\_\_

Order taken by: *(Name—please print)* \_\_\_\_\_

Order received:      Mail      In Person      Phone

Paid By:      Cash      Check # \_\_\_\_\_      **Total Amount Rec'd: \$** \_\_\_\_\_