

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

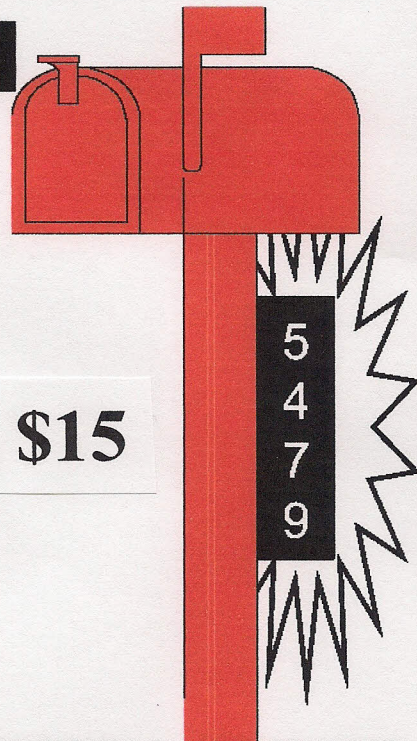
____ HORIZONTAL

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HORIZONTAL

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ONLY \$15



Mail Form to:

Stokesdale Fire Dept. Auxiliary

8305 Patricia Drive

Stokesdale, NC 27357

For Faster Service, Please Call
643-0138 OR 427-5240