

AMITY FIRE COMPANY

REFLECTIVE ADDRESS MARKER ORDER FORM

Please complete the following information:

Name _____
Address _____
City, ST Zip _____
Phone Number _____

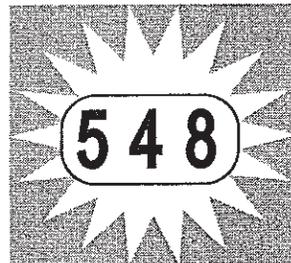
Address Number Requested

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

TYPE OF MARKER

BLUE MAILBOX _____
BACKGROUND W/WHITE NUMBERS
VERTICAL ___ HORIZONTAL ___
HOUSE _____
HORIZONTAL ONLY

**ONLY
\$15 EACH**



Make Checks Payable to:
AMITY FIRE CO.

Mail to:
AMITY FIRE CO.
PO BOX 383
DOUGLASSVILLE PA 19518