

Sabattus Fire Association

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 ____ VERTICAL ____

HORIZONTAL

V
E
R
T
I
C
A
L

Send Checks with order form to:

Sabattus Fire Association

190 Middle Rd Sabattus, ME
04280

Pick up Signs at:

Sabattus Central Station

72 Main St

Sabattus, ME 04280

INSTALLED FREE FOR THOSE WHO NEED HELP