

Hematite Fire Protection District

REFLECTIVE ADDRESS SIGN

ORDER FORM

Date: _____

Last Name: _____

First Name: _____

Address: _____

_____ Mo. Zip Code: _____

Contact Phone Number: _____

Number of signs to order @ \$15.00 each: _____ Total Order: \$ _____

WHAT NUMBERS DO YOU WISH ON YOUR SIGN? _____ (maximum of 5)

DRAW A CIRCLE AROUND YOUR SELECTION

HORIZONTAL

-OR-

	V	
	E	
	R	
LEFT	T	RIGHT
	I	
	C	
	A	
	L	

PAYMENT METHOD: CASH or CHECK: # _____

Make checks payable to: HematiteFireProtectionDistrict

Amount received: \$ _____

Order Received by: _____