



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 out boxes not used.

Mounting Preference

HORIZONTAL _____
 VERTICAL _____

HORIZONTAL

V
E
R
T
I
C
A
L

SEND CHECKS WITH ORDER FORM TO:
 Kimberton Fire Co.
 PO Box 99
 Kimberton PA 19442
 Or

Liberty Steam Fire Co.
 20 S Main St
 Spring City PA 19475



Installed on your post. Installed on your mailbox.

Installed Free for those who need help.
 Installation is quick and easy.
 Pick up at either fire company.
 Not for Townhouse Communities.

Questions?
 Call
 610-935-1388