

CASCADE FIREFIGHTERS ASSOCIATION

Reflective Address Marker Order Form



VERTICAL

HORIZONTAL

PREFERRED MOUNTING (Should be close to driveway):

- | | | |
|---|---|--|
| <input type="checkbox"/> Steel Post | <input type="checkbox"/> Existing mailbox fixture | <input type="checkbox"/> Yard light post |
| <input type="checkbox"/> Use our experience | <input type="checkbox"/> Leave at front door | <input type="checkbox"/> Other _____ |

Address(es) to be on sign(s) (Up to 5 numerals): _____

Special instructions _____

Signs are \$18.00 each and the installation is included (within 15 miles of Cascade). Please allow 2-3 weeks for delivery or installation. Method of payment: CASH _____ CHECK _____

Please make checks payable to: **CASCADE FIREFIGHTERS ASSOCIATION**

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

TELEPHONE: _____

Send completed form and payment to: Cascade Firefighters Association
2990 Buttrick Ave SE
Ada, Mi 49301

Thank you for your order. Questions or concerns may be directed to us at 616-949-1320.

-----OFFICE USE ONLY-----

Amount received: _____ Received by: _____ Date received: _____

Installation completed by: _____ Date installed: _____ Method of installation: _____