

MILAN FIRE-RESCUE REFLECTIVE ADDRESS MARKER ORDER FORM

Name _____

Address _____

City, State Zip _____

Phone _____

Mail to : Milan Fire-Rescue
Attn: Signs
900 Route 199
Milan, NY 12571

Please fill in spaces with your address numbers.

Note: if your address only has three or four numbers, just fill in the appropriate number of spaces.

Please check one: _____ Vertical or _____ Horizontal

___ \$ 15 for sign

