

NEW BUFFALO TOWNSHIP FIRE DEPT., INC.

# 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

Mounting bracket not included.

For more information,  
please contact Jackie Poff  
(269) 469-1011, ext 102

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**ONLY  
\$15**

MAIL TO:

**NEW BUFFALO TOWNSHIP  
FIRE DEPT., INC.**

**17425 RED ARROW Hwy**

**NEW BUFFALO, MI 49117**



[JPoff@newbuffalotownship.org](mailto:JPoff@newbuffalotownship.org)