

Central Calaveras Fire Fighter's Association

REFLECTIVE ADDRESS SIGN ORDER FORM

Please complete the following information: (Please Print)

Step 1: Contact Information

Name: _____

Address: _____

City, State, Zip _____

Daytime Number: _____

Evening Number: _____

Email: _____

Step 2: Address Number

(if your address has fewer than 5 digits X out boxes not used)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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* use a new order form for each address

Step 3: Mounting Preference (circle one)

Horizontal



Vertical



All signs are double sided unless specified

Single Sided Only

Step 4: Tax-Deductible Payment Enclosed.

	Quantity	Cost
<input type="checkbox"/> Check (preferred)		
<input type="checkbox"/> Cash		
Sign Delivered, You Install \$15.00 X		
Total Due		

Please make checks payable to Central Calaveras Fire Fighters Association

Step 5: Submitting Order Form:

Mail to: Central Calaveras Fire
Fighters Association
19927 Jesus Maria Road
Mokelumne Hill, CA 95245

Drop off: Central Calaveras
Fire Station 1
19927 Jesus Maria Rd

Your sign will be ready within 3-4 weeks, please call 754-4330 for questions or status

Assistance with installation available, please call 754-4330 to arrange

Association use only: Received date: _____ by _____ Completed date: _____ by _____

Called For Pickup/Delivery Schedule Date: _____ by _____ Delivered/Installed date: _____ by _____