

EARLYSVILLE VOLUNTEER FIRE COMPANY

REFLECTIVE ADDRESS MARKER ORDER FORM

Please complete the following information:

Name: _____
Address: _____
Email: _____
Phone Number: _____

ADDRESS NUMBER REQUESTED

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Note: If your address has fewer than 4 digits, please X those boxes not used.

Mounting Preference

HORIZONTAL _____

VERTICAL _____

Pricing:
Signs: \$25.00/each
Optional Steel Mounting Post:
\$50.00/each

Note: Installation is available for those unable to install the sign themselves.

Checks Payable to:

Earlysville Volunteer Fire Company
283 Reas Ford Rd

Earlysville, VA. 22936



Questions call (434) 973-8862 or visit
www.earlysvillefire.org

EVFC USE ONLY
RECEIVED BY/DATE: _____ SIGN CREATED BY/DATE _____
METHOD OF PAYMENT: CASH _____ CHECK _____ SIGN DELIVERED BY/DATE: _____

Return this completed form to the EVFC Treasurer after sign pickup/delivery.