

# COLINGTON VOLUNTEER FIRE DEPT.

## 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.

Circle sign color of choice.    Blue    Green  
Post needed?                    Yes    No

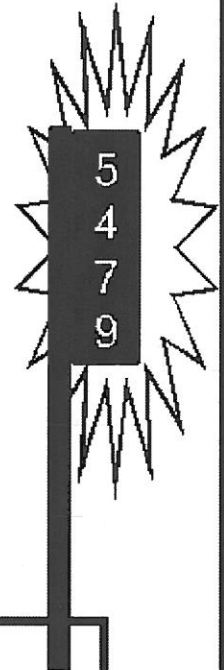
**Make Checks Payable to:**  
**COLINGTON VFD**  
**Mail to:**  
**COLINGTON VFD**  
**108 SCHOOLHOUSE RD**  
**KILL DEVIL HILLS, NC 27948**

**ONLY**

**\$20\***

**\*\$25 WITH POST**

( ) Check # \_\_\_\_\_  
( ) Cash



**FOR FASTER SERVICE PLEASE CALL 252-441-6234**

**FREE INSTALLATION IN COLINGTON!**