

**COVENTRY VOLUNTEER FIRE ASSOCIATION, INC
REFLECTIVE HOUSE NUMBER SIGN
ORDER FORM**

(Please print)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

<u>ADDRESS NUMBER REQUESTED</u>	<u>MOUNTING PREFERENCE</u>
_____	V
_____	E
_____	R
_____	HORIZONTAL
_____	T
_____	I
_____	C
_____	A
_____	L

NOTE: If address has fewer than 5 digits,
Start at left and X boxes not used.

Please circle choice

MAIL ORDER FORM TO:

\$ 10 PER SIGN

NCFD

Attn: SIGN ORDER

P.O. Box 337

Coventry, CT 06238

MAKE CHECK PAYABLE TO:
CVFA—Signs

Date Rec'd _____ Check# _____ Cash _____

Date Completed _____ Date Delivered _____

Bracket mounting hardware available for only \$2.00.

I am interested in purchasing brackets: YES NO (Please circle one)