MARION FIRE DEPARTMENT

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
YOUR NUMBER WILL NOT BE CHANGED.

Mounting Preference

HORIZONTAL _____
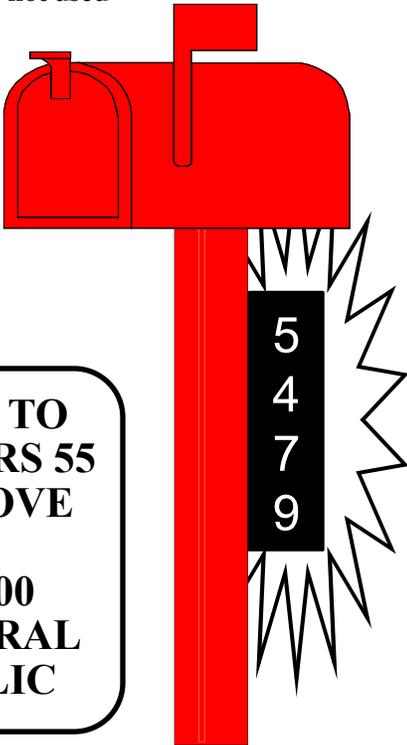**VERTICAL** _____
(CHECK ONE)

HORIZONTAL

V E R T I C A L

FREE TO SENIORS 55 & ABOVE

$20.00 GENERAL PUBLIC

5479

SEND TO:
Marion Fire Dept.
50 Spring Street
Marion, MA 02738

508-748-3596

E-Mail: marionmafireassociation@gmail.com