COVENTRY VOLUNTEER FIRE ASSOCIATION, INC

REFLECTIVE HOUSE NUMBER SIGN

ORDER FORM

(Please print)

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____

****

ADDRESS NUMBER REQUESTED	**MOUNTING PREFERENCE**	
_____ _____ _____ _____ _____		**V E R T I C A L**
_____ _____ _____ _____ ____	**HORIZONTAL**	

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

CVFA
Attn: Public Safety
P.O. Box 1
Coventry, CT 06238

MAKE CHECK PAYABLE TO:
CVFA—Signs

Date Rec'd _____ Check# _____ Cash _____

Date Completed _____ Date Delivered _____