# 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 _____