

WHERE THERE'S AN EMERGENCY

OSWEGO TOWN VOLUNTEER FIRE DEPT.

ENSURE QUICK RESPONSE

REFLECTIVE ADDRESS MARKER ORDER FORM

Please complete the following information:

Name _____
Address _____
City, ST ZIP _____
Phone Number _____

Address Numbers Requested

Note: If your address has fewer than 5 digits, please X those boxes not used.

Mounting Preference

HORIZONTAL _____

VERTICAL _____

HORIZONTAL

V
E
R
T
I
C
A
L

**ONLY
\$10
Installed**

Mail to:
Oswego Town VFD
640 County Route 20
Oswego, NY 13126



For Faster Service, Please Call 343-2030