

CHELAN FIRE & RESCUE



Reflective Address Marker

Order Form

Please complete the following information:

Name: _____

Address: _____

City, ST. Zip: _____

Phone: _____

Address Number Requested

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**4 numbers maximum for vertical address sign*

Type of Marker

Horizontal: _____

One side Both sides

Vertical: _____

One side Both sides

V
E
R
T
I
C
A
L

HORIZONTAL

Make Checks Payable To:

Chelan Fire & Rescue

Mail To:

Chelan Fire & Rescue

Po Box 1317

Chelan, WA 98816

Cost per sign is \$20.00