

STOWE RESCUE SQUAD

HELP US HELP YOU

BY CLEARLY DISPLAYING YOUR ADDRESS

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.

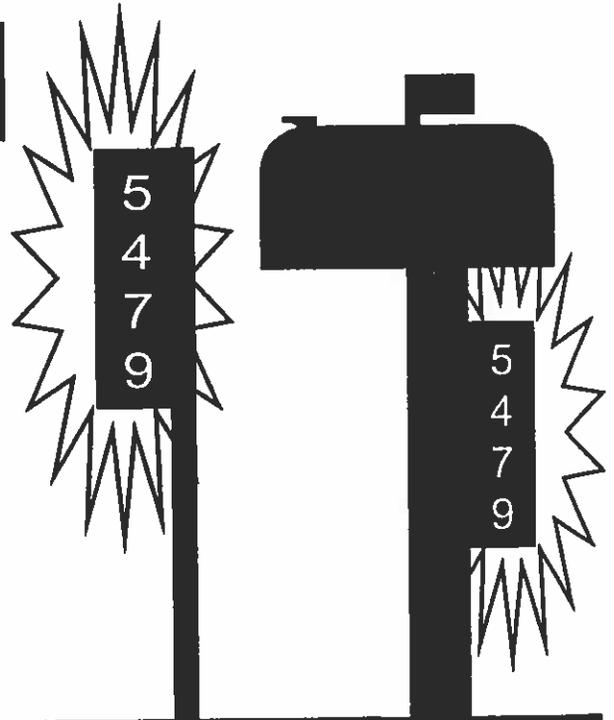
Mounting Preference

HORIZONTAL _____

VERTICAL _____

HORIZONTAL

V
E
R
T
I
C
A
L



Checks Payable to:
STOWE RESCUE SQUAD

Mail to:
STOWE RESCUE SQUAD
PO BOX 291
STOWE, VT 05672

ONLY \$15*

* \$20 WITH A POST