

**MANTON VOL. FIRE DEPT. AUXILIARY
REFLECTIVE ADDRESS
MARKER ORDER FORM**

Please complete the following information:

Name _____
Address _____
City, State, Zip _____
Telephone Number _____

SINGLE SIDED(\$10.00) _____ DOUBLE SIDED(\$12.00) _____

Make checks payable to: MANTON VFD AUXILIARY

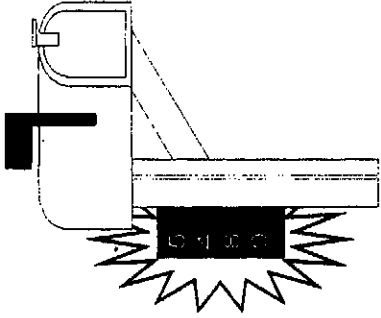
Mail to:

DAVE LINDSTROM
5925 QUAIL HAVEN LANE
MANTON, CA 96059

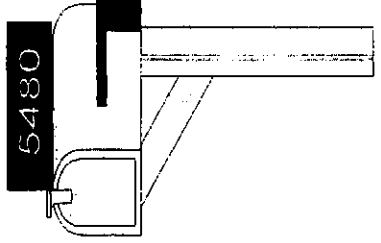
If you pick up your mail at a P.O. Box, you can place a post in your yard or by your driveway and put an address sign on it. Signs are pre-drilled, easy to install.

Please fill in the boxes below with your address numbers.

Note, if your address only has three or four numbers, just fill in the appropriate number of spaces.



VERTICAL _____



HORIZONTAL _____

Standard
U.S. Postage
PAID
Manton, Ca.
96059
Permit No. 7

**Postal Patron
Manton, CA 96059**