Mokelumne Hill Volunteer Firefighter's Association Reflective Address Sign Order Form

Please complete the following information:

Step 1: Contact Inform	mation	
Name:		
Address:		
City, State, Zip:		
Daytime Number:		
Evening Number:		
Email:		
* use a new order form f	for each address	as fewer than 5 digits X out boxes not used)
Step 3: Number of Sig	gns (please circle)	
1	2 3	Split Driveway
Step 4: Please check if	f applicable (optional	l & confidential)
Medical Issue (m vision, etc.)		Potential Hazard (hazardous materials, stored fuel, firefighter safety concerns)
Step 5: Tax-Deductible	e Payment Enclosed	1 \$15.00 x number of signs ordered (Split Driveway \$25)
note: please make che	Check (preferred) ecks payable to Mokelu	Cash umne Hill Volunteer Firefighter's Association.
Step 6: Submitting Or	der Form	
P.O. Box 14	s Association	Drop off : Mokelumne Hill Fire Station 8160 Church St. Mokelumne Hill, CA 95245
Your signs will be ready	y to pick up within 3-4	4 weeks, please call 286-1389 for questions or status
Association use only:	completed dat	te by called date by