## **DEKALB COUNTY**FIRE CHIEFS ASSOCIATION

## Reflective Address Marker \* Order form \*

(Please Complete the following Information)

Name			
Address			
City, State,	Zip		
Telephone I	Number		
Number of addre	ess markers ordered	X \$ 10.00 =	
Make check Payable to:	Garrett Fire Department 200 North Cowen St. Garrett, Indiana 46738		
delivered to a Post Office			r mail
	may be mounted Horizontally o		
Please check Horizontal o	r Vertical and write the numbers	s you want in the appropriate	boxes.
Horizontal		Vertical	
<u>Please Check One</u>			
Please deliver my sig	gn when it is ready		
☐ I will Pick-up my sig	n. (Garrett Police/Fire Departn	nent Lobby, Monday -Friday 8	Sam to 4pm