

Solomons Volunteer Rescue Squad and Fire Department

Reflective Address Marker Order Form

Name: _____
Address: _____
City, State ZIP: _____
Phone: _____
E-Mail: _____

Address Number Requested

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Note: If your address has fewer than 5 digits, please X those boxes not used

Mounting Preference

Horizontal	<input type="checkbox"/>	HORIZONTAL
Vertical	<input type="checkbox"/>	
Color:		V E R T I C A L
Green	<input type="checkbox"/>	
Blue	<input type="checkbox"/>	
Brown	<input type="checkbox"/>	

\$15.00 per sign

Select Delivery Option:

Pick-Up:
(You will be notified by E-mail
when your sign is ready)

Mail:
Please add \$2.50 for postage

Please allow 4-6 weeks for
delivery

Mail this form and Check or Money Order to:

Solomons Volunteer Rescue Squad and Fire Department
Attn: Address Signs
PO Box 189
Solomons, MD 20688