

# KETTLE CREEK AMBULANCE ASSOCIATION

## REFLECTIVE ADDRESS and/or ROAD MARKER ORDER FORM

Name \_\_\_\_\_

Address of Structure \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number of Structure \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

### ADDRESS NUMBER REQUESTED

Note: If your address has fewer than 5 digits, start at left and x those boxes not used.

INDICATE MOUNTING PREFERENCE ?? ( YOU MUST USE HORIZONTAL FOR 5 NUMBERS )

**Horizontal** HORIZONTAL \_\_\_\_\_

**VERTICAL** VERTICAL \_\_\_\_\_

**ONLY  
\$15**

Mount signs on a new or existing post at the **ENTRANCE** to your driveway. Signs have predrilled holes for mounting.

ROAD SIGN REQUESTED Road Name \_\_\_\_\_

**\$20 UP TO 8 LETTERS, \$25 MORE THAN 8**

**MAKE CHECKS PAYABLE TO:  
KCAA - SIGNS**

Contact: Sue McDermott  
570 923 1012

**ENCLOSE CHECK AND MAIL TO:**

**SIGN ORDER  
KETTLE CREEK AMBULANCE ASSOCIATION  
PO BOX 289  
CROSS FORK PA 17729**