

FIRE SIGN ORDERS

NAME OF RESIDENT: _____

FULL ADDRESS: _____

MAILING ADDRESS (if different than above): _____

PHONE NUMBER: _____

Please indicate the amount needed of each:

_____ Fire Sign – NEW BUILD (No Charge)

_____ Fire Sign – REPLACEMENT (\$40)

_____ Post (\$12)

If a new build, what is the expected date the build will be complete? : _____

Is this sign for pick-up or would you prefer the DPW crew to install it?

PICK-UP

TO BE INSTALLED (No Charge)

TOTAL: \$ _____

OFFICE USE ONLY

AMOUNT PAID: \$ _____ CASH CHECK CREDIT CARD

ORDER TAKEN BY: _____

DATE ORDERED FROM LANGE: _____

DATE TO START REFUSE COLLECTION BILLING: JULY year: _____ JANUARY year: _____

COPIES OF THIS FORM SHOULD BE GIVEN TO: DPW CLERK'S OFFICE UTILITY CLERK