

Town of Wells

REFLECTIVE ADDRESS MARKER ORDER FORM

Please stop by Town Hall or complete the following information:

Name _____
Address _____
City, ST Zip _____
Phone Number _____

Address Number Requested

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

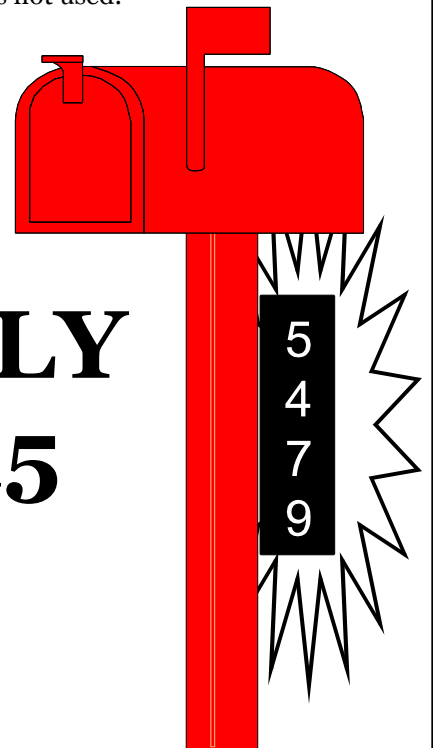
Mounting Preference

HORIZONTAL _____
VERTICAL _____

HORIZONTAL

V
E
R
T
I
C
A
L

**ONLY
\$15**



**Mail to:
Town of Wells
PO Box 398
Wells ME 04090**

**Proceeds To Benefit
The Wells "Special Fuel Fund"**