

CALEDONIA TOWNSHIP

Reflective Address Marker Order Form



VERTICAL



HORIZONTAL

Address(es) to be on sign(s) (Up to 5 numerals): _____

Special Instructions _____

Signs are \$15.00 each. Method of Payment: CASH _____ CHECK _____

Please make checks payable to: **CALEDONIA TOWNSHIP**

NAME: _____ **DATE:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

TELEPHONE: _____

Send completed form and payment to: **Caledonia Township**
8196 Broadmoor Ave SE
Caledonia, MI 49316

Thank you for your order. Question or concerns may be directed to us at 616-891-0070.

-----OFFICE USE ONLY-----

Amount Received: _____ Received By: _____ Date Received: _____