

STURBRIDGE FIRE DEPARTMENT

STURBRIDGE, MASSACHUSETTS

346 Main Street • Sturbridge, Massachusetts 01566 Tel. (508) 347-2525 • Fax (508) 347-7904



Visible Address Indicator Program - Order Form "Help Us Help You!"

Please fill in all areas in clear legible print.	Date:
Name:	Order Number:
Phone Number:	
	aware of our intended presence on your property. Please be due to need for emergency service responses)
Address Information House Number: Street Name	
Town/State/Zip	
Please indicate below, the preferred locate	tion/installation of Address Indicator:
On My Existing Mailbox Post (Must be dire	ectly in front of house, same side as house, and readily visible)
On a Free Standing Green Sign Post ((Provided by department with installation)
G G	
Please give a brief description of the preferred loc	cation of indicator if requesting free standing post:
For Depar	rtment Use Only
Date Order Acknowledged: Amount Paid (\$10/\$*	Date Paid in Full:
Date Built: Date Installed:	Who Installed:
0. 1. 1	I. A. I. I I. Franto Barrara Barrara
Sturbridge Fire Department VISIDI Order Number: Date of Order:	le Address Indicator Program – Receipt Amount Paid:
Resident Printed Name:	Signature:
FD Personnel Printed Name:	Signature: