

Dear resident,

Attached is a brief packet to interest you in a program that will give benefits to both you and your local police and fire departments. As we respond to your emergency we rely on accurate information to locate you, however, sometimes it is difficult to see where the driveway entrance to your residence is. This reflective sign program is designed to have the sign posted at your driveway entrance that allows us to see your address day or night. Seconds count and we want to give you our best when you need us. Remember, we can't help you if we can't find you.

Each sign is 18 inches in length and 6 inches in width. The signs have a green background and use white reflective numbers to display your address. In accordance with Mansfield Town Ordinance § 114-11 we ask that the sign be posted at the entrance to your driveway. It may be mounted to a post, hanging from your mail box, a tree, or any landscape feature you may have at the entrance to your residence.

These signs are 15 dollars and come complete with your address already on the sign ready to go, all you would need to do is pick a spot in accordance with town ordinance and post it. The profit from the sale of these signs will go to the Mansfield Volunteer Firefighters Association to help with equipment purchases and training for our members. Please take a look at the samples enclosed and please consider that it could be you we need to find and seconds count. If you are interested in purchasing a sign you may contact the Mansfield Fire Chiefs Office at 860-429-3323 or at reflectivesign7@yahoo.com. Thank you for your interest and making the community safer for all public safety personnel.

Sincerely,

Mansfield Fire Department Sign Program committee

MANSFIELD FIRE DEPARTMENT REFLECTIVE ADDRESS MARKER ORDER FORM

Name: _____

Single or Double Sided: _____

Address: _____

If you plan on posting your sign on a fixture that allows only one side to be seen, please select single. For mailboxes or other fixtures that will be seen from both sides please select double.

Phone Number: _____

ADDRESS NUMBER REQUESTED

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Note: If your address is less than 4 digits place an X starting at the left.
Example: "X879"

Mounting Preference:

HORIZONTAL

Horizontal _____

Vertical _____



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**ONLY
\$15**

Please mail this order form and check or cash to 4 South Eagleville Road Mansfield Ct 06268
ATTN reflective sign or e-mail the above information to reflectivesign7@yahoo.com Checks can
be made to Mansfield Firefighters Association