

Sisters-Camp Sherman Fire District Address Sign Order Form

Applicant Information

Resident's Name:
Owner's Name If Different:
Full Address:
Tax Lot # If Available:
Phone:
Homeowner must mark location. Confirm by emailing to firecorps@sistersfire.com
<input type="checkbox"/> New Sign & Post <input type="checkbox"/> Replacement Sign <input type="checkbox"/> Post Sign Only <input type="checkbox"/> Homeowner Pickup/Install
Materials & Installation \$30.00 / Make Check Payable to SCS RFPD

NOTE: An additional \$20 fee will be charged to correct homeowner address errors.

For Office Use Only

Order Date:	Order Taken By:
Paid By: Cash <input type="checkbox"/> Check <input type="checkbox"/> Check #:	
Address Confirmed By:	
For address verification please contact: Deschutes County: http://dial.deschutes.org/ Jefferson County: http://query.co.jefferson.or.us/AandTWebQuery/	
Emailed to Fire Corps Date:	Emailed By:
Locate Request Date:	Made By:
Locate Ticket Number:	
Sign Made Date:	Made By:
Sign Posted Date:	Posted By: