North County Fire & Medical District
Reflective Address Marker Online Order Form

Please complete the following information:

Name: _____

Address: _____

City, ZIP:_____

Phone: _____

Email address: _____

(Please include your email address for future correspondence. We will not share email information with any other agency or company)

ADDRESS NUMBER TO BE PLACED ON SIGN

For those wishing to make a donation (cash or check) to the Fire District for the reflective address marker, please make checks payable to:

North County Fire & Medical District
Address Marker Program
18818 N Spanish Garden Dr.
Sun City West, AZ 85375

Questions? Call 623-544-5400

I, _____(print name of property owner) verify that I have requested that the Fire District provide and install a reflective address marker sign, to be placed at the front of my property. In exchange for accepting the address marker from the Fire District, I do hereby release and discharge the Fire District and its officers, agents or employees from any and all causes of action, claims, demands, damages, costs or losses arising from the installation and use of said address marker sign. The Fire District is not responsible for any damages, HOA infractions or liability as the result of the installation and/or use of any home safety products. Therefore I agree not to make any demand or claim or file any lawsuit against the Fire District and its officers, agents or employees in connection with this Fire District program.

Address marker signs typically take 2-3 weeks for production. Installations are done during normal business hours on Monday through Thursday and you do not need to be present for the installation. The sign will be placed in a manner that will be visible for emergency responders, however, special requests will be taken into consideration when installing the sign.

Comments:_____
_____
_____
_____
_____

Date:_____

Property Owner Signature (electronic): _____

NCFMD USE ONLY:

Received by/date _____ Sign created by/date: _____

Method/Amount of Donation Cash_____ Check_____ Sign installed by/date: _____