

Please print, complete, and mail this form to the address below with payment.

Wendy Nesby - OSA IV
Lompoc Fire Department
115 South G Street
Lompoc, CA 93436

Shoulder Patch Order Form

Contact information:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE: (____) _____

E-MAIL: _____

Order Information:

NOTE: Make all payments payable to: CITY OF LOMPOC

QUANTITY of PATCHES: 1 X \$5.00 (US) = \$5.00 (US) TOTAL (Limit One)

ENCLOSED IS A: Personal Check Money Order

SHIP TO: (Leave the below items blank if same as information above.)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE: (____) _____

E-MAIL: _____