



Street Sign Capper Request Form

Name: _____
(Given) (Surname)

Address: _____

City: New Westminster BC Postal Code: XXX XXX

Phone: (604) _____ Email: _____

Provide the Location Number and Street intersections from the web map

Location Number: ____
Street Intersection Names: _____ @ _____

Location Number: ____
Street Intersection Names: _____ @ _____

Provide Sponsor/dedication information for WEB site below:

We will compile a list of requests. When we have 10 requests we will submit an order.
Orders will not be placed until payment is received.

Mail or drop off your Form along with your cheque in the amount of \$150.00 payable to
Massey Victory Heights Residents Association to:

Bill Radbourne

242 Churchill Avenue

New Westminster BC V3L 4P1

phone: 604 524-5375

email: president@masseyvictoryheights.com

Office Use	Date: _____
Amount: \$ _____	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash
	Receipt # _____
<input type="checkbox"/> Call Resident	<input type="checkbox"/> Payment Received
	<input type="checkbox"/> Sign Installed
Comments: _____	

*The information in this form will be added to the Register of Members
It will **not** be circulated to anyone other than the
Executive of the Massey Victory Heights Residents Association without your consent*