



# District Two Order Forms

E-mail to: [trafficsafetyteam@dot.state.fl.us](mailto:trafficsafetyteam@dot.state.fl.us)

Fax Back to: (904) 360-5483

Please fill out **ALL REQUESTED INFORMATION** to receive materials. The Community Traffic Safety Program (CTSP) will report to the State Safety Office on your activities. **Two (2) weeks' notice required.**

|                            |                           |                      |                         |  |
|----------------------------|---------------------------|----------------------|-------------------------|--|
| <b>Contact Person</b>      |                           | <b>Email</b>         |                         |  |
| <input type="text"/>       |                           | <input type="text"/> |                         |  |
| <b>Address</b>             | <b>County</b>             | <b>Date (s)</b>      | <b>No. Participants</b> |  |
| <input type="text"/>       | <input type="text"/>      | <input type="text"/> | <input type="text"/>    |  |
| <b>City/State/Zip Code</b> | <b>Project/Event Name</b> |                      |                         |  |
| <input type="text"/>       | <input type="text"/>      |                      |                         |  |

### How Materials will be Used

- Safety/ Community Event*
 *Educational Event*
 *Training/Workshop*

### Requested Items

\_\_\_\_\_   
Buckle Up Religiously Banner



\_\_\_\_\_   
Buckle Up Religiously Posters

