

Steps to a HealthierNY Walking Path Order Form



Horizontal “Walking Path” Sign
with arrow facing LEFT

Indoor Quantity: _____

Outdoor Quantity: _____



Horizontal “Walking Path” Sign
with arrow facing RIGHT

Indoor Quantity: _____

Outdoor Quantity: _____



Horizontal Sign with arrow
facing LEFT (no words)

Indoor Quantity: _____

Outdoor Quantity: _____



Horizontal Sign with arrow
towards RIGHT (no words)

Indoor Quantity: _____

Outdoor Quantity: _____



Vertical “Walking Path”
Sign with arrow facing
STRAIGHT

Indoor Quantity: _____

Outdoor Quantity: _____



Vertical “Walking Path”
Sign with arrow facing
DOWN

Indoor Quantity: _____

Outdoor Quantity: _____



Vertical Sign with arrow
facing STRAIGHT (no
words)

Indoor Quantity: _____

Outdoor Quantity: _____



Vertical Sign with arrow
facing DOWN (no words)

Indoor Quantity: _____

Outdoor Quantity: _____

Total Indoor Signs Requested: _____

Total Outdoor Signs Requested: _____

Date: _____

Name of Worksite/Agency: _____

Number of paths to be marked with signs: _____

Number of employees: _____

Signatory Name: _____

Contact Person: _____

Phone Number: _____

Address: _____
