LEGISLATIVE BILL ORDER

ACCOUNT NUMBER: _____

SIGNATURE _____

P.O. # _____

Purchaser _____

DATE: _____

Address _____

_____

City _____

State _____ ZIP _____

Phone # _____

FOR OFFICE USE ONLY

BATES NUMBER

PLEASE LIST BILLS/CHAPTERS SEPARATELY IN NUMERICAL ORDER

Qty.	Senate Bill No.*	Qty.	Assembly Bill No.*	Qty.	Chapter # / Year

FAX

Total Quantity Bills (under 32 pages) FOR OFFICE USE ONLY	Total Quantity Bills (over 32 pages) FOR OFFICE USE ONLY	Postage _____

☐ Capitol Pickup ☐ Mail ☐ LBDS

Box No. _____ ☐ Counter ☐ Other

PICKUP TIME _____

OSP 349 (2-94)
93 02335-JC

*Indicate year if not current Legislative Session.