STATE OF OREGON
LEGISLATIVE COUNSEL

Work Order for Copies of Chapters

2015 Edition—Oregon Revised Statutes

_____ **Photocopies of Entire 2015 ORS Chapters.** $5.00 per chapter. *INCLUDE PAYMENT WITH THIS REQUEST.*

_____ **Electronic Files of Entire ORS Chapters in Word or PDF format** (PDF is default). $5.00 per chapter. Available by email or on CD. Include email address below for email orders. *INCLUDE PAYMENT WITH THIS REQUEST.*

_____ **Special Publications.** Editorial services and preparation of ORS chapters and excerpts, repagination and indexing. $155 per hour. **DO NOT SEND MONEY WITH THIS REQUEST. THIS FORM WILL BE RETURNED WITH BILLING INFORMATION.**

Chap. #	Quantity	Format	$ Amount
		☑ PDF ☐ Word	$0
		☑ PDF ☐ Word	$0
		☑ PDF ☐ Word	$0
		☑ PDF ☐ Word	$0
		☑ PDF ☐ Word	$0
		☑ PDF ☐ Word	$0
		☑ PDF ☐ Word	$0
		☑ PDF ☐ Word	$0
		☑ PDF ☐ Word	$0
		☑ PDF ☐ Word	$0
		☑ PDF ☐ Word	$0
		☑ PDF ☐ Word	$0
		Total:	$0

Complete this form and mail or fax to:

Legislative Counsel Committee
900 Court St. NE S-101
Salem, OR 97301-4065
Telephone: (503) 986-1243
Fax: (503) 373-1043

REQUEST	COMPLETED BY LCC

FOR AGENCY 14200 USE ONLY

Date Rec'd _____

Ck/AP _____

Amount $ _____

Ship'd/Email'd

Tax Exempt FID #93-6008451

PAYMENT METHOD:

☐ **Check enclosed** (payable to: Legislative Counsel)

☐ **Agency BT** (AGY 142 TC 722/723 PCA 21000 AOBJ 0202)

BT orders will **NOT** be processed until this form is returned to LC with the BT #, approval date and agency #.

BT: _____ App Date: _____ Agy #:_____
MM/DD/YY

☐ **VISA** ☐ **MASTERCARD** ☐ **DISCOVER**

Purchases may be charged to your credit card upon receipt of order.

Cardholder Name: _____

Signature: _____

Expiration Date: _____ Security Code: _____
MM/YY

Card #: _____
Enter numbers only; no spaces or dashes

** SORRY, NO PHONE CREDIT CARD ORDERS **

Ship/Email Order to:

Name _____

Address _____

_____

Telephone _____

Email _____

Clear Form

For other publication information visit http://www.oregonlegislature.gov/lc