

ORDER FORM

Company Name: _____

Name of Requestor: _____

Address: _____

City/State: _____

Zip Code: _____

_____ Please place my name on the mailing list for
the **2012-2013** Sheboygan County Directory.

DO NOT submit payment at this time. An invoice
will be sent prior to mailing.

_____ I am requesting additional **2011-2012**
directories and have enclosed payment of
\$4.00 for each **2011-2012** directory
requested.

Quantity _____ Amount Enclosed \$ _____

Please remit payment to:
Sheboygan County Clerk
Directory Request
508 New York Avenue
Sheboygan, WI 53081