

O R D E R F O R M

ITEM CODE	ITEM DESCRIPTION	QTY	UNIT PRICE	TOTAL
Subtotal \$				
Handling fee (if delivery by mail requested)				
TOTAL PAYMENT \$				

Name _____

Address _____

City/State _____ Zip _____

Telephone _____ Fax _____

E-Mail Address _____

Form of Payment		
<u>CHECK</u>	or	<u>CASH PAYMENT AT PICK-UP</u>
Checks payable to:	<i>City of Lake Oswego</i> P.O. Box 369 Lake Oswego, OR 97034	