

## 2007 Louisville Metro Street Atlas Order Form

Name \_\_\_\_\_  
Agency/Company \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Cost:** \$14.95  
~~\$19.95~~\* – General Public, Non-Profits and LOJIC Licensees which includes Fire Districts and Suburban Cities

\*\$15.00 - Louisville Metro Government, MSD, Louisville Water Company, PVA personnel only

Quantity \_\_\_\_\_ **Subtotal** \_\_\_\_\_

- Personal or Commercial Use – Apply 6% KY Sales \_\_\_\_\_  
 Shipped by USPS – Apply \$2.00 per atlas \_\_\_\_\_  
(See below to use your own carrier)

**Total Cost** \_\_\_\_\_

If tax exempt:

Exemption Permit Number \_\_\_\_\_

Type of Payment (Select One):

- Cash (Include with order form, hand deliveries only)  
 Check - Payable to Louisville/Jefferson County Metropolitan Sewer District (Include with order form)  
 Purchase Order - PO# \_\_\_\_\_ (P.O. form must provided with order form)  
 Credit Card: Type Visa or Mastercard (Circle one)  
Cardholder Name as written on the card \_\_\_\_\_  
Card Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ CVV2# \_\_\_\_  
Cardholder Signature \_\_\_\_\_ Expiration Date \_\_/\_\_/\_\_

- 
- I will pick up the order when ready. (Please provide telephone or email above.)  
 I want my order shipped using my carrier.  
Carrier Name (UPS, FedEx, etc.) \_\_\_\_\_  
Carrier Account Number \_\_\_\_\_

**Mail to:**  
MSD/LOJIC  
Attention: Jane Poole  
700 West Liberty Street  
Louisville, KY 40203

**Fax to:**  
Attention: Jane Poole  
(502) 540-6499

Contact Jane at (502)540-6435 or poole@lojic.org if you have any questions.