

CARTOGRAPHIC ASSOCIATES, INC.

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PARCEL MAP AND LISTING ORDER FORM
MUNICIPALITY/STATE: _____,
(PREPAYMENT REQUIRED ON ALL REQUESTS)

NAME/COMPANY _____
STREET ADDRESS
(for UPS shipment) _____
CITY, STATE ZIP _____
Daytime Phone _____

___ COMPLETE SET ___ Full Size. ___ Reduced Size ___ | ___
___ INDIVIDUAL SHEETS..... ___ Full Size. ___ Reduced Size ___ | ___
Sheet Numbers _____
___ COMPUTER LISTING ___ | ___
Specify Sort --- ___ Alpha ___ Numeric ___ Location
___ PLANNING MAPS..... ___ | ___
Specify _____

SHIPPING & HANDLING\$ _____
*CT SALES TAX 6% (if applicable).... \$ _____
TOTAL AMOUNT ENCLOSED.....\$ _____

*Connecticut residents/businesses are subject to 6% sales tax. If you are exempt,
Please submit a copy of your tax exempt certificate.