



# FAX

DATE

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FILE NO.

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PAGES

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PRIORITY

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FROM Geographics

RE Map Purchase

TO	COMPANY	FAX #	PHONE #
		403.277.5977	

**Thank you for your interest in purchasing maps from Rocky View County.**

If your preferred method of payment is by Visa or Mastercard please provide the following:

Amount authorized to charge to credit card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Card holder Name: \_\_\_\_\_

Card holder signature: \_\_\_\_\_

**Please provide a name and mailing address for sending a receipt:**

Name: \_\_\_\_\_

Mail  \_\_\_\_\_

Email  \_\_\_\_\_

\_\_\_\_\_  
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