

DOCKET ORDER REQUEST FORM

DATE _____ ORDER FILLED BY _____

CUSTOMER _____

COMPANY _____

ADDRESS _____

PHONE NO. _____ FAX NO. _____

EMAIL _____

**We do not bill less than a Dollar + Transmission cost.
Amounts over \$50.00 must be prepaid.**

INFORMATION REQUESTED: _____

Docket Number	Order Number	Operator	Field	County

CHARGES:

_____ COPIES @ .25 PER PAGE _____

_____ COPIES @ .30 PER PAGE _____

_____ FAX COPIES @ .11 MIN _____

_____ E-MAIL BY XEROX _____

RESEARCH @ 9.00 PER HR _____

POSTAGE..... _____

TOTAL..... _____

*BILL _____ CASH _____ CHECK # _____

*MUST HAVE SIGNATURE TO BE BILLED _____