

PESTICIDE ENFORCEMENT STAMPS

NAME OF COMPANY	CITY	PHONE NO.	PR NO.
			BR NO.
<p><u>ALLOW 10 WORKING DAYS AFTER RECEIPT BY THIS OFFICE FOR PROCESSING</u> <u>STAMPS MUST BE ORDERED IN QUANTITIES OF TEN</u></p> <p>PLEASE SEND:</p> <p style="margin-left: 40px;">_____ 10 STAMPS PER HALF SHEET AT \$60 PER HALF SHEET</p> <p style="margin-left: 40px;">_____ 20 STAMPS PER SHEET AT \$120 PER SHEET</p>			
SIGNATURE			DATE

Print name and mailing address (include zip code) on the lines below.
 This label will be used for mailing your stamp order. Failure to
 complete the mailing label may result in the delay of your stamp order.
