



*The Value of Authority Ownership
of Public Water and Sewer Systems*

Order Form

Name: _____

Authority or firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Number of copies ordered:

\$15 per copy x _____ = \$ _____

\$12 per copy for 5 or more copies x _____ = \$ _____

Indicate payment method:

Check (made payable to PMAA)

  

Credit Card No.: _____ Exp. _____ Security Code: _____