



Local  
Government  
CENTER



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

**LOCAL GOVERNMENT CENTER  
ORDER FORM**

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

Municipality / Organization: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please note:** If you plan on paying with credit card call our office.  
We do not accept credit card information via mail, fax or email for security measures.

Description	Quantity	Price	Total
2015-2016 Wisconsin Statutes-Chapter 60-Towns		\$ 30.00	\$
(Updated April 2017)		\$	\$
<i>Subtotal</i>			\$
Other Charges or Credits			
<b>Total Amount Due</b>			<b>\$</b>

**Method of Payment:**  Check  VISA  MasterCard  American Express

Discover  Bill / Invoice

Make *check* payable to **UW-Extension** and send with this form to:  
Local Government Center, 610 Langdon Street, Room 229 Lowell Center, Madison, WI 53703

*Credit card* payment: Call **608-262-9961** between: 8:00 am to 4:00 pm Monday through Friday.  
If we do not answer, please leave a message and we will promptly return your call.

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