



ORDER #: _____

APPLICATION FOR PERMISSION TO PUBLISH

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 Organization or agency: _____
 Address: _____
 City, State, Zip Code: _____
 Telephone, Email _____

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Item name and number (attach other sheets if necessary)

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Your signature (electronic or handwritten) below indicates that you have read and accept – personally and on behalf of any organization you represent – the conditions set forth on the back of this document:

Signature: _____
 Applicant Date

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