FAX Transmittal

PRODUCT ORDER FORM

To: **Sonoma County Probation Camp**

Fax Number: **707- 565-8903**

From: _____ **E-Mail:** _____

Date: _____ **Pages, including cover sheet:** _____

Customer Name:		**Telephone #:**	
Contact Name:		**Fax #:**	
P.O. Number:		☐ **Delivery**	☐ **Pick-Up**

Qty.	Item #	Description	Price	Total Amount
		8% Calif. Sales Tax		
Add additional pages if needed—thank you for your business!				

Customer Signature: _____

***Delivery only: Please indicate delivery address (directions if necessary) & site contact person*:**

_____

_____

_____

Probation Camp Use Only:

Date Notified:		**Comments:**	
2nd Notification			