

STATE OF CONNECTICUT

DEPARTMENT OF TRANSPORTATION
ATTN: DOT Print Shop
2800 Berlin Tpke
Newington, CT 06111
(860) 594-3086



ORDER FORM - Form 817 - SHIPPED ONLY

DATE:		_		
Company Name:		Addresse	ee:	
Telephone: ()		Fax No: (Fax No: ()	
			Dept./Floor:	
		xes; include full street address there orders to	b be delivered.	
City:	•	State:	Zip Code:	
	ks payable: Treasurer, Stat			
QTY	Cost	Shipping*	TOTAL	
Check Nun	iber:	GRAND	TOTAL:	
(See instruc	ctions below)	uired on orders using their Federa unt No: the cost of shipping. Packages ar	· 	
processed.	•			

Please mail completed form and payment to the above address.