

Montgomery County, MD

Description	Price	Quantity	S/H*	Total
County Code (includes zoning): Initial purchase includes first year of supplements				
- Printed version (4 volumes; binders vols 1-3)	\$425		\$25	\$
- Future annual supplement service (per year cost)	\$375		to be invoiced	
- CD-ROM Version (Folio Views Search Engine)	\$300		\$0	\$
- Future annual supplement service (per year cost)	\$250		to be invoiced	
- Combo: Printed version and CD-ROM	\$595		\$30	\$
- Future annual supplement service (per year cost)	\$400		to be invoiced	
Zoning Ordinance only: Initial purchase includes first year of supplements				
- Printed version (1 volume; no binder)	\$225		\$15	\$
- Future annual supplement service (per year cost)	\$225		to be invoiced	
- CD-ROM Version (Folio Views Search Engine)	\$175		\$8	\$
- Future annual supplement service (per year cost)	\$175		to be invoiced	
- Combo: Printed version and CD-ROM	\$300		\$25	\$
- Future annual supplement service (per year cost)	\$270		to be invoiced	
Code of Montgomery County Regulations: Initial purchase includes first year of supplements				
- Printed version (2 volumes in hard cover binders)	\$250		\$12	\$
- Future annual supplement service (per year cost)	\$195		to be invoiced	
- CD-ROM Version (Folio Views Search Engine)	\$150		\$8	\$
- Future annual supplement service (per year cost)	\$150		to be invoiced	
- Combo: Printed version and CD-ROM	\$295		\$20	\$
- Future annual supplement service (per year cost)	\$225		to be invoiced	
Attorney Opinions:				
- Printed version (3 volumes in hard cover binders)	\$165		\$12	\$
- Supplement service for one year	\$ 25		to be invoiced	
Add Sales Tax for residents of KY (6%), NM (5%); CA and OH (call for tax rates)				\$
If ordering more than one copy, call for Shipping/Handling rates.			Additional S/H	\$
County staff, please call for ordering information.			TOTAL	\$

Shipping Information:

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Firm Name:
Street Address (UPS delivery):
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Phone:

Payment:

Check enclosed _____	
VISA _____ M/C _____ Discover Card _____	
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Cardholder's Name:	
Billing Address (if different from shipping address):	
Cardholder's Signature:	

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