

PLEASE RETURN FORM WITH FEE

**ARKANSAS DEPARTMENT OF HEALTH
DIVISION OF PROTECTIVE HEALTH CODES
PLUMBING NATURAL GAS AND HVAC/R SECTION
4815 WEST MARKHAM STREET - SLOT 24
LITTLE ROCK, AR 72205-3867**

Name _____

DATE _____

Address _____

City/State/Zip _____

Please find enclosed: Check _____ Money Order _____ In the amount of \$ _____ to cover the cost of the following:

_____ 2003 Plumbing Code in Binder \$45.00 a copy \$ _____

_____ 1995 Gas Code in Binder \$30.00 a copy \$ _____

_____ 2003 Mechanical Code in Binder \$45.00 a copy \$ _____

Total Amount of order \$ _____

FOR OFFICE USE ONLY:

Mail In _____ Walk In _____ Phone _____ School _____ Check # _____

Plumbing & HVACR Code Customer # _____ PO # _____

Date Book Mailed _____ Date Book Issued _____

PLEASE RETURN STATEMENT WITH PAYMENT