



Oregon Department of Transportation
 Right of Way Section, MS-2
 4040 Fairview Industrial Drive SE
 Salem, OR 97302-1142

■ RIGHT OF WAY MANUAL ORDER FORM

✓	Format	Quantity
	Print version	_____ x \$ 25 = \$ _____
	CD version	_____ x \$ 25 = \$ _____
<ul style="list-style-type: none"> ▪ This is a fillable form. Complete the highlighted section below. OR, print this page and complete by hand. ▪ Check the format type and enter quantity requested. ▪ Fill in "Ship To" information. ▪ Print form. ▪ Attach check or money order payable to "Oregon Dept. of Transportation". Do not send cash. ▪ Mail order form and payment to address above. ▪ Allow 2-4 weeks for delivery. 		Total Order: \$ _____

■ SHIP TO:

Name _____

Mailing Address _____

City _____

State _____

Zip Code _____

Phone _____