

**ILLINOIS PROSECUTOR SERVICES WEBSITE  
Others Subscription Form**

*(PLEASE PRINT OR TYPE)*

**Name:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

<u>Product</u>	<u>Cost</u>	<u>Total Cost</u>
<u>Single Website Access:</u>	\$50.00 X _____ (# of Subscribers)	\$ _____

X  I AGREE TO THE TERMS AND CONDITIONS.

**(Fee Payment – Check One):**

- Check Enclosed (Please make check payable to: Illinois Prosecutor Services, LLC.)
- Please bill me via Mail.
- Please bill me via E-Mail.
- Payment via PayPal.

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**RETURN BY FAX , MAIL or E-Mail TO:  
ILLINOIS PROSECUTOR SERVICES, LLC,  
P. O. Box 722, Carlinville, IL 62626  
Phone: (217) 854-8041 Fax: (217) 854-5343  
E-Mail: patti@ipsllconline.com**