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Borough of



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Dr. Marc Wallace

Belgian Block Order Form (Pick Up Only!)

Name (Print): _____ Phone: _____

Address: _____ Email: _____

Number of Blocks Purchased: _____ (x \$1.50) = _____

Payment Amount = _____

Payment Date & Type = _____

Received By = _____

Date/Time of Pick Up	# of Blocks Picked Up	Authorized Signature