

Firm Code	
Amt. Paid	
Check #	
Staff	

Subscriber Fee Statement

Firm or Company Name:			
Firm or Company Address:			
City: Z	ZIP code: Phone:		
Contact Name for Billing:			
Firm attorneys Please provide a list of all firm attorneys. Attach an additional s	sheet if necessary.		
Name Phone	Email address		
Law clerks and legal assistants			
Please provide a list of law clerks and legal assistants who requ	· -		
Name Phone	Email address		
	Law library subscriptions are valid through December 21. A provet		
Hennepin County-based attorneys	Law library subscriptions are valid through December 31. A prorated fee applies beginning September 1.		
Number of attorneys x \$85 = \$	This list includes all attorneys employed by the above firm as of this		
Non-Hennepin County-based attorneys	date://		
Number of attorneys x \$95 = \$	X		
	Signature of managing partner		
Paym	ent Method		
Check (payable to Hennepin County Law Library)	☐ Visa ☐ MasterCard ☐ Discover		
Credit Card Number			
Expiration Date (MM/YY)			
Cardholder's Signature			