Date: _____

To: OAHS Administration
450 Eastvold Ave.
Ortonville, MN 56278

Upon reviewing the Surplus Items available for sale on the OAHS surplus sale items website, I would like to purchase the following item(s):

ITEM #	ITEM NAME (Table, Computer, etc.)	LISTED PRICE (includes MN Sales Tax)

I understand that the item(s) purchased is/are sold "as is", with no warranty, and returns are not allowed. Items are not considered "sold" until payment is received. Payment must be made at the OAHS Administration offices (in the form of cash or check made payable to "Ortonville Area Health Services") and all items must be removed at the time of sale.

Name: _____

Address: _____

City/State/Zip: _____

Telephone #: _____