



Face Mask Order Recording Form

Please complete this form and bring it with you to pick up the masks.

Contact Name _____

Business Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Industry _____

Approximate Number of Customers per day _____

Number of Masks Requested _____ Number Received _____

Signature _____ Date _____

The Chamber office is located at:

12 Bridge Square
Anoka, MN 55303