

Job #: _____
Mail Date: _____
Due to MS: _____
CSR: _____

MAILING SERVICES REQUEST FORM

DEPARTMENT NAME:	BUDGET CODE:
CONTACT NAME:	PHONE:
E-MAIL ADDRESS:	FAX:

NAME OR DESCRIPTION OF MAILING: _____

Mailing list quantity: _____ Printing Quantity: _____

TYPE OF MAILING

First Class _____

Campus Mailing _____

Non Profit _____

Standard Mailing _____

If Permit mailing, what permit number?

Permit 733 _____ Other _____

SERVICES:

_____ Ink Jet Addressing

_____ Labeling

_____ Tabbng

_____ Folding

_____ Inserting

Special Instruction / Comments: _____

Address File Information: _____

File provided by: _____ Phone: _____

(Name of Dept contact or File Administrator)

Name of file: _____

Diskette / CD: (# of disks _____) Email: _____

SIGNATURE: _____ DATE: _____