

Mailing Request Form

Date Sent: Date Received:			
Job ID#:	Received E	Зу:	
Requested By:		Phone:	
Department: Location:			
Approved By Director or ab	ove:	Signature:	
Please fill in sections 1 thro	ough 7 to complete you	ur request.	
Section 1. Paper Size: L	etter Legal	Othe	er
Section 2. Mailing Type: B	ulk Mailing (225 pcs)_	Pre Sort Firs	t Class (525 pcs)
Section 3. Envelope: Solid	Window	Post	card
Section 4. Flats	Booklets	S	_
Section 5. Indicia: Bulk		Pre Sort First Class	
Section 6. Insert Materials:	Letter/Flyer	Return Envelope	Reply Card
	Other	Other _	
Section 7. Mail Merge: Yes	No		
Special Instructions:			
Please contact the mailroon	m with and questions	or concerns ext. 3227	
FOR MAILROOM USE ON	ILY		
Job Saved as:	Wh	Where it is saved:	
How was it saved:	Is :	Is Sample included:	
Date Completed:	Date Mailed Out:	Appr	oved By: