

CENTRAL SERVICES MAILING REQUISITION

Dept. _____ Acct.# _____ Date _____

Name of Acct. (If different than dept.) _____

Contact Person: _____

Phone # _____

Class: 1st _____ 3rd _____ Postage: Metered _____ Indicia _____

(Please make sure all self mailers have indicia)

Name of Person sending mailing list to Central Services:

Outer Envelope _____ Self Mailer _____ (Must Be Tabbed To Go Automated)

Mailing inserts to be printed by:

Central Services _____ Other Printer _____

Mailing to include: _____

Mailing Deadline: _____