

PrintCenter MAILING REQUEST FORM

Department _____ Account Number _____ - _____ - _____

Requested by (name) _____ Telephone Number _____

Date Work Submitted _____ Date Work Needed _____
(ASAP unacceptable)

POSTAGE RATE Please check one:

- 1st Class
 1st Class Indicia
 1st Class Stamp
 Standard (Non-Profit) Indicia
 Standard (Non-Profit) Stamp

FINISHING Check all that apply:

- Seal
 Address
 Tab
 Self-Mailer
 Insert (List Inserts Below)

Address File Name _____

(e-mail address file to bulkmail@dickinson.edu)

Check one for each insert:

| | Insert Provided | Insert Prepared by Print Center |
|----------------------|--------------------------|---------------------------------|
| List Inserts 1 _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Total in Mailing _____

Postage # for FAS _____

ENVELOPES Please check one:

- #10
 6X9
 Flat Rate Envelopes
 A-2
 A-7
 6.5x9.5
 9x12
 10x13

Special Instructions _____

Questions? Call the Print Center at 245-1270, prompt 3.

PRINT CENTER USE ONLY

9/07

Job # _____ Avery Labels _____

Amount & Kind of Stamps _____ Number of Tabs _____

Time To: Tab _____ Address _____ Insert _____ Seal _____ Stamp _____

Total Time for Job _____ Labor _____

Postage _____

Total _____