MAILING REQUEST FORM

This form is required for all mailings over 200 pieces. MVCC Mail Center ACC B15 Phone: 792-5474

Tracking Number:
Date Generated:
Jobs WILL NOT commence until a
tracking number has been generated

Please fill out the following form with an attached sample of your mail piece at least two weeks prior to sending your project to the Mail Center. We cannot guarantee your project will be mailed on the date you request if we are not given 2 weeks notice.

If you have any questions, please con Date:	ntact Terry Walters at x 547 4		
Date: Name of requestor:	On behalf of:		
Department/Center:		Extension:	
Number of pieces to be mailed:			
Who will be sending out your mailing? Mail Center	PJ Green	Don't know	
When do you need your mailing to be	sent/postmarked by?		
Date when piece will be delivered to the Name of the Project/Mailing:	mvcc.edu if possible		
What services do you need? Return to sender	Forwarding	None	
What type of mailing is it? Postcards Brochures Letters (The mail room does not provide lab	Pamphlets beling or stuffing services). Other		
Who is designing your mail? Marketing and Communications Your Center/Department must appear in the return	Other(The Print sho address area of all pieces. Contact the	op does not provide design services) e Mail Center at x5474 for alternate options.	
Does anything appear in the postage Who will be printing your mail? Print shop (8.5x11" color=.25 each side, bla			
Is MVCC being charged for services: Have all parties involved been contac			
It is the responsibility of the reques Center . You will be contacted if you ered with less than two weeks notice	ur mailing is required to be	e in zip code order. Mailings deliv	
Date material received:	Office Use only Date of mai	e only Date of mailing:	
Number of pieces mailed:		Total cost of postage:	
Postage rate/piece:	Approved b	Approved by:	