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.

Date: Name of requestor:	On behalf of:		
Department/Center:			
Number of pieces to be mailed:			
Who will be sending out your mailing	g? PJ Green	Don't know	
When do you need your mailing to b	oe sent/postmarked by?		
Date when piece will be delivered to Name of the Project/Mailing:Please attach or email a sample to kfarrell@	@mvcc.edu or kdean@mvcc.edu	ı if possible	
Who is your audience:			
What services do you need? Return to sender	Forwarding	None	
What type of mailing is it? Postcards Brochure Letters (The mail room does not provide la	es Pamphle abeling or stuffing services). Oth		
	urn address area of all pieces. Contac	shop does not provide design services) ct the Mail Center at x5474 for alternate options.	
Does anything appear in the postag Who will be printing your mail? Print shop (8.5x11" color=.25 each side,			
ls MVCC being charged for services Have all parties involved been conta			
Center . You will be contacted if y	our mailing is required to	naterial to be delivered to the Mail o be in zip code order. Mailings deliv orepared may be delayed indefinitely	
Date material received:	Office Use only Date of ı	mailing:	
Number of pieces mailed:		Total cost of postage:	
rainibor or proced manear			