



## Copy Request Form

### General Information

**Date Submitted:** \_\_\_\_\_ **Date Needed:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Division:** \_\_\_\_\_

**Department Head Signature:** \_\_\_\_\_

1. All originals must be received in the office at least 5 business days prior to needed date.
2. Special Handling or Bulk Mail (150 pieces or more) must be received in the office at least 15 business days prior to mail out date.
3. Fill out this form and attach it to your original(s).
4. You will be contacted at the phone number provided when the job is completed for copy disposition..

**Original(s)**     one sided     two sided

**Copies**     one sided     two sided     one to two sided     two to one sided

**Number/Finish of copies:** \_\_\_\_\_  Black & White     Color

Collated     Stapled     3-hole punched     Booklets:  binding combs     spine staples

**Finished size of copies:**

8 ½ X 11     8 ½ X 14     11 X 17     Half Sheets     ¼ Sheets

**Type of paper:**

White     Color     Card Stock     Other preference