AUTHORIZATION REQUEST FORM

Please complete the information listed below for Meter / Bulk mailings that exceed two hundred (200) pieces or more. Please note that the department head signature is required.

Requested by: ___________________________  Phone: ___________________________

Department: ___________________________  Authorized by: ___________________________

(Department Head)

Account #: ___________________________  Date Required: ___________________________

Description of Job: ___________________________

METER MAIL:

☐ First Class
☐ Presort First Class
☐ Library Rate
☐ Other: ___________________________  Number of Pieces: ___________________________

BULK MAIL:

☐ First Class (500 Pieces or more)
☐ Third Class (200 Pieces or more)  Number of Pieces: ___________________________