MIAMI DADE COLLEGE NORTH CAMPUS MAIL SERVICES

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	n of Job:		
METER M	IAIL:		
<u> </u>	First Class Presort First Class Library Rate Other:	Number of Pieces:	
BULK MA	JIL:		
Pieces:	First Class (500 Pieces or more) Third Class (200 Pieces or more)	Number of	