

University Mail Service

New Mail Stop/Change/Move Request Form

| Requesting Department: Requestor's Name: | | Date: Phone: | |
|--|---|-----------------------------------|--|
| | | | |
| Please select your ty | pe of request | | |
| Request for No Department/Divi | ew Mail Stop Code sion Roon | n Number Building | |
| Change or Del | lete an Existing Mail S | top Code | |
| Name Change | | Delivery Change | |
| Current Mail S | top Code | Current Delivery Location | |
| Current Depar | tment Name | New Delivery Location | |
| New Departme | ent Name | | |
| Delete Current Mail Stop Code Department/Division | | Mail Stop Code to be Deleted | |
| Explanation for nev | v request, change or de | letion: | |
| | | | |
| | | | |
| Department Approval: | | Date: | |
| Mail Services Supervisor | : | Date: | |
| Operations Mgr/Director: | | Date: | |
| | For Internal use | | |
| | Update Mail Code listing(Caging Update Route Sheets | Update Customer mail stop listing | |

Update Alpha/Numerial spreadsheet