



SPECIAL MAILING FORM
(Mail to be Metered)

From: (Sender's Name)	
(Department)	
Billing Account Number:	
Billing Account Name:	
Dept. Phone Number:	
Return Form To: (Name)	
(Department)	
(Mail Stop)	
Project Account Number:	

Please Send Attached mailing:

- () 1st Class
- () Book Rate-Media Mail
- () Air Mail-International First Class
- () International Priority
- () Parcel Post
- () Library Rate
- () Nonprofit (Bulk Rate)
- () Insured (\$5000 maximum - Domestic Mail Only)
- () Registered Mail (Dollar Value)
- () Certified

Description of Mailing: (brochures, applications, bills, letters, flyers, etc.)

Number of Items Mailed:	Date Submitted for Mailing:	Charge for Mailing: (For Mail Service Use Only)
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Signature: