



Bulk Mail Request

Section I

Section I must be fully completed by the department requesting the bulk mailing, and a sample of the mailing. All content and the shipping envelope must accompany this form.

Department: _____ Account Number: _____

Date: _____ Number of Pieces: _____

Mailing Approved by: _____

If you do not receive this form back with Section II completed, within five working days of the delivery of your bulk mailing to Mail Services, please call 4063 for status report.

Section II

To complete by Mail Services personnel.

Date Received by University Mail Room: _____

Number of Pieces: _____

Delivery to Milledgeville Post Office Date and Time: _____

Total cost of the mailing was \$ _____

If you have any questions regarding this mailing, please call the Mail Services Supervisor at 4063. Thank you.