

INTERDEPARTMENTAL DELIVERY/MAIL STOP REQUEST FORM

(PLEASE TYPE OR PRINT)

ENTERPRISE JOB NO.		AGENCY/DIVISION		BILLING CONTACT NAME	
CONTACT NAME (Job Specific)		TITLE/POSITION			
TELEPHONE NO./EXT.	EMAIL ADDRESS (Job Specific Contact)	TELEPHONE NO. EXT.			
PHYSICAL ADDRESS & SUITE/ROOM #		E-MAIL ADDRESS (Billing Contact)			
CITY		AUTHORIZED SIGNATURE (for request)			
DATE OF REQUEST	START DATE	CSR:			
		DELIVERY MANAGER			
BILLING CODE NO. (required to process order)		DATE PROCESSED			
YOUR MAIL CODE (9 DIGIT BILL CODE)		ASSIGNED ROUTE(S)			
M					

TYPE OF REQUEST: ☐ RENEWAL/EXISTING STOP ☐ NEW STOP ☐ MOVE REQUEST ☐ MISCELLANEOUS ☐ CANCEL STOP

MAIL STOP INFORMATION

PHYSICAL ADDRESS

SUITE/ROOM #

CITY

SECURITY SCAN*

XRAY/BIO/CHEMICAL (service included)

* Required as part of the Incoming Mail Services.

STOPS PER DAY

(Delivery Routes Are Pre-established. IDS Will Do All We Can To Accommodate Your Requested Time.)

- ☐ 1ST @ _____ A.M. or _____ P.M.
- ☐ 2ND @ _____ A.M. or _____ P.M.
- ☐ 3RD @ _____ A.M. or _____ P.M.
- ☐ 4TH @ _____ A.M. or _____ P.M.
- ☐ 5TH @ _____ A.M. or _____ P.M.

TYPE OF MAIL TO BE MOVED

(Check All That Apply)

- ☐ USPS/LETTERS/FLATS
- ☐ ACCOUNTABLE LETTERS/FLATS/PARCELS
(Includes Certified & Express Mail, FedEx, UPS, Office Supply Deliveries)
- ☐ OPENING SERVICES
- ☐ SPECIAL RUN/COURIER SERVICE
- ☐ CUT LETTERS
- ☐ TREASURY
- ☐ CUT FLATS
- ☐ OIT DATA/TAPES
- ☐ INTERDEPARTMENTAL
- ☐ CORE/WARRANTS
- ☐ OTHER _____

SPECIAL INSTRUCTIONS (Additional information, detailed description of work desired)