ADMINISTRATION BUILDING
MAIL CENTER POSTAGE REQUEST FORM

Date: ______ / ______ / ______

Requested By: ______________________________

Name (typed or printed)

Department Name

Phone Extension: ______ ______ ______ ______

☐ Seal

☐ Postage

☐ Certified Mail (completed PS Form 3800 attached)

☐ Return Receipt Requested (completed PS Form 3811 attached)

Special Instructions:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Department Postage Code: ______ ______ ______ ______

Note to Departments:

- This completed form must be put on top of the mail pieces to be processed and rubber banded or clipped together, then placed in mail pickup location or hand delivered to the mailroom

- Fold this form if mail pieces are smaller than 8-1/2” x 11” so it fits on top of mail pieces

- Print this form on goldenrod paper