

Publishing & Distribution

REQUEST FOR MAILING

***REQUIRED INFORMATION**

503-373-1748

Agency name*: _____ Date*: _____

Contact Name*: _____ Contact Phone*: _____

Agency Number (must be six digits)*: _____

Sub-number: _____

Certified _____ Priority _____ Letters _____ Flats _____

UPS Ground Next Day 2nd Day Insurance Value \$ _____

UPS Email Notification Required? _____

UPS package contents*: _____



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