Publishing & Distribution

REQUEST FOR MAILING **503-373-1748**

Agency name*: _____ Date*: _____

Contact Name*: _____ Contact Phone*: _____

Agency Number (must be six digits)*: _____ _____ _____ _____ _____ _____

Sub-number: _____

Certified _____ Priority _____ Letters _____ Flats _____

**REQUIRED INFORMATION*

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