

## BULK MAIL / POSTAL CONTROL NUMBER REQUEST FORM

*Please complete this form for all Permit 104 Mailings*

DATE: \_\_\_\_\_

Complete and submit this form including all required fields, with any Bulk Mailing project whether processed by your department or by a vendor. If using a vendor, a Postal Control Number is required. Mail Services will contact the vendor and provide them with a Postal Control Number after receiving this completed form. Mail Services will return a copy of this form for your records. Mail Services is required to keep a sample of all permit 104 mailings. Please provide us with a copy of your Bulk Mailing project when submitting this form.

***\*=Required fields***

### **Department Information**

\*Department Name: \_\_\_\_\_

\*Department Contact Name: \_\_\_\_\_

\*Contact Email: \_\_\_\_\_

\*Mail Code/Extension: \_\_\_\_\_

### **Project Information**

\*Mail Project Name/Description: \_\_\_\_\_

\*LAFSO Number: \_\_\_\_\_

\*Piece count: \_\_\_\_\_

### **Vendor Information**

\*Vendor Name: \_\_\_\_\_

\*Vendor Phone: \_\_\_\_\_ Vendor Fax: \_\_\_\_\_

\*Contact Name: \_\_\_\_\_

\*Contact Email: \_\_\_\_\_

<b>POSTAL CONTROL NUMBER =</b>
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Email completed form to: [msr-mailservices@ucsb.edu](mailto:msr-mailservices@ucsb.edu)