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: ______________________________________________________________________

POSTAL CONTROL NUMBER  =

Email completed form to: msr-mailservices@ucsb.edu