Special Metered Mail Request Form – (For Other Than First Class Use Only)

Department Name: ________________________

Dept ID: _______________________            Proj/Grant ____________________

Date: ____________

I. Domestic
   ___ Express Mail*
   ___ Priority Mail
   ___ Certified*
   ___ Media Rate
       ___ Parcel Post
   ___ Single Piece Media
   ___ Library Media

II. International
   ___ Express Mail*
   ___ 1st Class Airmail

*Forms required, please contact Mail Services @ x73495 if you need forms

III. UPS (United Parcel Service)
   ___ Guaranteed Next Day Service**
   ___ 2nd Day Service**
   ___ 3rd Day Service**
   ___ Regular Ground Service**

   **Value to be insured, if any $_________

IV. Stamps
   ___ Domestic (rolls)

   Telephone Extension______    Authorized Signature ______________________