

**OFFICE SERVICES REQUEST FORM**

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

\_\_\_\_\_  
COMMITTEE/ORGANIZATION/CLUB/CIRCLE/ETC.

\_\_\_\_\_  
CONTACT PERSON

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
DATE BY WHICH REQUEST NEEDS TO BE COMPLETED

CIRCLE INSTRUCTION THAT APPLY:

POST CARDS

BUSINESS LETTER

MEMO

LABELS

LISTS

COPIES

MAILINGS

TYPING

BULLETIN ITEM

NEWSLETTER ARTICLE

NEWSLETTER INSERT

BULLETIN INSERT

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE ALLOW ONE WEEK'S NOTICE

\_\_\_\_\_  
FOR OFFICE USE ONLY

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

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