



ADMINISTRATION BUILDING
MAIL CENTER POSTAGE REQUEST FORM

Date: _____ / _____ / _____

Requested By: _____
Name (typed or printed)

Department Name

Phone Extension: _____

☐

Seal

☐

Postage

☐

Certified Mail (completed PS Form 3800 attached)

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Return Receipt Requested (completed PS Form 3811 attached)

Special Instructions:

Department Postage Code: _____

Note to Departments:

- *This completed form must be put on top of the mail pieces to be processed and rubber banded or clipped together, then placed in mail pickup location or hand delivered to the mailroom*
- *Fold this form if mail pieces are smaller than 8-1/2" x 11" so it fits on top of mail pieces*
- *Print this form on goldenrod paper*