

# Photocopy Request Form



The office is happy to assist you with photocopying requests but we need your help. Please adhere to the following guidelines:

1. **All originals must be received in the office at least 3 Business Days in Advance. (Monday – Friday)**
2. Fill out this form and attach it to your original(s).
3. Place originals in the mailbox labeled Office.
4. Your copies will be made and placed in your mailbox or in one of the larger bins if you requested a large number of copies.
5. **All requests for Name Tags must be submitted at least 1 week in Advance.**

If you have any questions, call the office at 471-9673

Please fill out the following:

Date: \_\_\_\_\_

Ministry: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Date Needed By: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Original

- one sided       one to two sided  
 two sided       two to one sided

## Copies

number of copies \_\_\_\_\_

number of copies \_\_\_\_\_

size of paper for copies:

5<sup>1/2</sup> X 8<sup>1/2</sup>       8<sup>1/2</sup> X 11

8<sup>1/4</sup> X 14       11 X 17

type of paper:  white

color

color preference \_\_\_\_\_

## Binding \*

color of cover \_\_\_\_\_

color of spirals \_\_\_\_\_

comments/additional information: \_\_\_\_\_

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