

**FAX OR MAIL FORM TO:**

**MAIL MANAGEMENT SERVICES**

P.O. BOX 7557  
ASHEVILLE NC 28802-7557

TELEPHONE: 828-236-0076

FAX: 828-236-0079

E-MAIL: [data@mailmanllc.com](mailto:data@mailmanllc.com)

**TO BE COMPLETED BY DEPARTMENT**

DEPT \_\_\_\_\_ PHONE \_\_\_\_\_ CONTACT NAME \_\_\_\_\_

DATE MAIL TO BE PICKED UP \_\_\_\_/\_\_\_\_/\_\_\_\_ ACCOUNT # \_\_\_\_\_

MAIL TO BE PICKED UP AT: BUILDING \_\_\_\_\_ ROOM \_\_\_\_\_

DATA FILE SENT: E-MAIL \_\_\_\_\_ ON DISK WITH MAIL \_\_\_\_\_ MAILED ON DISK \_\_\_\_\_

**CHECK (X) SERVICES REQUESTED**

FIRST CLASS PRESORT \_\_\_\_\_ STANDARD (BULK) RATE \_\_\_\_\_ QUANTITY \_\_\_\_\_

DESCRIPTION (FLATS OR LETTERS & SIZE) \_\_\_\_\_

PREPARE ADDRESSES & PRINT ON MAIL \_\_\_\_\_ FOLD/ INSERT \_\_\_\_\_

MAILING TABS \_\_\_\_\_ SEAL \_\_\_\_\_ PRINT PERMIT # \_\_\_\_\_

**TO BE COMPLETED BY MAIL MANAGEMENT SERVICES**

DATE MAILED \_\_\_\_/\_\_\_\_/\_\_\_\_

NUMBER OF PIECES MAILED \_\_\_\_\_

SERVICE CHARGES \_\_\_\_\_ \$ \_\_\_\_\_

POSTAGE CHARGES \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL CHARGES \_\_\_\_\_ \$ \_\_\_\_\_

**RETURN FORM TO:**

MAIL SERVICES  
CPO# 1100  
1 UNIVERSITY HEIGHTS  
ASHEVILLE NC 28804-8500

TEL: (828) 251- 6566

**THIS FORM MUST ACCOMPANY ALL MAIL GOING TO MAIL MANAGEMENT SERVICES**