## Request for Service

### 

Requestor Name:

Contact Email:

Contact Phone:

Department:

Need Courier to Deliver: Yes  No

If yes, Mail Code:

Recipient:

Date Needed:

**Document Information**

Attached file to email: Yes  No

Item Name/Title:

Page Amount of Item:

**Specifics of Job**

Paper Color:

Single or Duplex Sided:

Number of Copies:

Stapled: Yes  No

Collated: Yes  No

Boxed: Yes  No

Save the completed form and email to COCDistrtibution@mail.maricopa.gov

Please include the following text in your email subject line:

“Copy RFS for *name of your department”*

**Courier, please deliver to:**

Test2 Name2 TEST NAME

Other:

Comments: