



CITY OF PHILADELPHIA
DEPARTMENT OF REVENUE

Outgoing Mail Services Request Form

To be completed by Department Only

Date: _____

Ticket #: _____

Department: _____

Contact Name: _____

Telephone #: (____) - ____ - _____

Email Address: _____

Job Description: _____

Letter/Notice Date: ____ / ____ / ____

Quantity: _____

Must be mailed by:

____ / ____ / ____

MAIL SERVICES REQUESTED (*Circle all that apply*)

☒ FOLD

INSERT (Indicate Number of Inserts): _____

☐ PERFORATE

☐ SEAL

☐ APPLY POSTAGE

Pricing (*Circle one*):

☐ First-Class

☐ Certified

☐ Standard

☐ Parcel

Special Requirements/Comments: _____

Date Delivered to Mailroom: ____ / ____ / ____ Time: _____ ☐ a.m. ☐ p.m.

Department Courier Signature: _____

Mailroom Employee Signature: _____