

Request to Add a Mail Stop

This form is to be completed and signed by authorized personnel (manager level or above) for the addition of a new mail stop number as well as a new mail stop drop-off location.

Name of Requestor: _____ Title: _____

Department: _____ Date: _____

Department Name as you would like it to appear on the Master Stop List.

New Mail Stop Location (complete address and zip code with floor/suite #):

Requested Effective Date: _____

Contact Person and phone number for the new location.

Account Number for setup and daily pickup services.

Barcode Description & Account Number (applied to mail that requires postage) if applicable.

Requested Mail Delivery Schedule: Monday – Friday (daily): Yes___ No___

Specific days: _____ (list requested days if not daily)

The monthly Central Mail bill to your department will reflect the costs of providing services. Costs are based on the Board approved rates.

Authorized Department Representative Approval:

Name: _____ Title: _____

Signature: _____ Date: _____

Send completed forms to Sam Brown at SamBrown@rivco.org