



Mail Relocation Request Form

Date of Request: _____

Name of Requester (Please Print): _____

Department/ Building: _____ Phone: _____

Old Office -Department / Room/ Building: _____

New Office -Department / Room/ Building: _____

Mail Relocation START Date: _____

Signature: _____ Date: _____

**Send completed form to Mail Services Central Receiving Building Room 100*