



Photocopy Request Form

- All originals must be received in the office **AT LEAST 3 DAYS** in advance
- Fill out this form and attach it to your original(s)
- Place form and originals in the mailbox labeled Office (or fax or mail)
- Your copies will be made and placed in your mailbox or in one of the larger bins if you requested a large number of copies
- If you have any questions call the office at 614-471-9673

Name _____

Date _____

Phone _____

Ministry _____

ORIGINAL

COPIES

PAPER SIZE

One sided

Number of Copies _____

5 1/2" x 8 1/2"

One to two sided

X Number of Pages _____

8 1/2" x 11"

Two sided

= Total Paper needed _____

8 1/2" x 14"

Two to one sided

11" x 17"

TYPE / COLOR OF PAPER FOR COPIES

White

Color

Color Preference: _____

BINDING

Color of Cover: _____

Note: All copies or other materials that need binding must be in the office **AT LEAST 1 WEEK** in advance.

COMMENTS
