

University of Connecticut

Authorization for Deposit of Mailing to Hartford Post Office

Provided to you by Inserting and Addressing Department, Unit 6217,
3 North Hillside Road Storrs, CT 06269 Phone# 486-4218 Fax # 486-4663

Department Information

Department Name _____ Contact Person _____

Department Phone _____ Department Fax _____

FRS Used for Mailing _____

Name of Mailing to be deposited _____

Date of Deposit to the Post Office _____

Department Signature _____ Date _____

Vendor Information

Name of vendor _____ Contact Person _____

Phone Number _____ Fax Number _____

Permit Number 4759 Pieces Sent _____ Postage Used _____

Date Deposited to the Hartford Post Office _____

Signature of Vendor _____ Date _____

Inserting and Addressing Service

Date of Request _____

Permit Holders Authorized Signature _____

Attention Postmaster: *No mailing can be accepted without the authorized signature of Permit Holder*