

University of Connecticut

# Authorization for Deposit of Mailing To Storrs Post Office

Provided to you by Inserting & Addressing Department U-6217, 3 North Hillside Rd, Storrs CT 06269 Phone #486-4218 Fax # 486-4663

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## 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 \_\_\_\_\_

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## Vendor Information

Name of Vendor \_\_\_\_\_ Contact Person \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Permit Number Used \_\_\_\_\_ Pieces Sent \_\_\_\_\_ Postage Used \_\_\_\_\_

Date deposited to Storrs Post Office \_\_\_\_\_

Signature of Vendor \_\_\_\_\_ Date \_\_\_\_\_

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## Inserting & Addressing Service

Date of Request \_\_\_\_\_

Permit Holders Authorized Signature \_\_\_\_\_

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