

**Cancellation of Mail Stop Number
&
Mail Carrier Services**

This form is to be completed and signed by authorized personnel (manager level or above) when making changes to mail stop information or services.

Name of Requestor: _____ Title: _____

Department: _____ Date: _____

When canceling a Mail Stop Number, please provide the name as it appear on the Master Stop List. (This is for verification purposes)

Mail Stop Number

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

Effective Cancellation Date:

Please provide account information for billing Cancellation of Mail Stop & Carrier Services fees.

The monthly billing will reflect the changes made if Department is requesting the consolidation or cancellation of mail stops. Costs are based on the Board approved rates.

Authorized Department Representative Approval:

Name: _____ Title: _____

Signature: _____ Date: _____

Email completed forms to Sam Brown at sambrown@rivco.org. You can also send it through mail carrier services to Mail Stop #3230. Thank you.