

Change to Mail Stop Information / Location / Services

This form is to be completed and signed by authorized personnel (manager level or above) for the change to mail stop information or mail stop drop-off location.

Note: Mail Stop numbers are assigned based on location. If relocating, the Mail Stop number may have to change along with the location. This will be reviewed upon request for changes.

Mail Stop Number: _____

Name of Requestor: _____ Title: _____

Department: _____ Date: _____

When making changes to the Department Name, please print new name as you would like it to appear on the Master Stop List. (If applicable)

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

New Location (complete address and zip code with floor/suite #)

Requested Effective Date: _____

Contact Person and phone number / email address for the new location.

When making changes to accounting string, print new accounting string for daily pickup services. (If applicable)

Requested Mail Delivery Schedule: Monday – Friday (daily): Yes___ No___

Specific days: _____ (list requested days if not daily)

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

Authorized Department Representative Approval:

Name: _____ Title: _____

Signature: _____ Date: _____

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