

C.W.U. MAIL SERVICES PACKAGE SHIPMENT REQUEST

Date Department Name Mail Stop

Name E-mail

Phone Speed Key

Description of Contents:

Return Authorization Code **DELIVER BY DATE**

For packages destined to CWU Centers: Select center and list the recipients name. For all other mailings: Complete entire form.

Center	Recipient	
Company		
Name		E-mail
Address		
Address 2		
City	State	Zip
Province		Country Code
Country		Phone
Federal Express Service	U.S. Postal Service	Insure For Amount
Ground	First Class	
Express Saver	Priority	
2nd Day Air	Express	
Standard Overnight	Media Rate	
Priority Overnight	Certified	
First Overnight	Return Receipt	
	Insured	

Signature Required
 YES NO

By completing this form I certify that the contents are not liquid, perishable or contain hazardous or restricted materials. Some hazardous / restricted materials are permitted to be mailed when properly packaged, declared and marked. Materials in this category must be delivered to Mail Services in person and declared.