

Date Rec'd. _____

Date Comp. _____

HAWK COPY CENTER
Arts & Technologies Building, Room 138
Extension 6485

REQUEST FORM

DEPARTMENT: _____ **ACCOUNT NUMBER:** _____ **EXTENSION:** _____

TITLE OF DOCUMENT: _____ **NO. OF COPIES:** _____

TYPE OF PAPER: Xerox: _____ Other: _____ Special _____

COVER STOCK: Yes: _____ No: _____ If Yes: Front Only: _____ Front and back _____

COVER STOCK COLOR: _____

SIZE OF PAPER: 8½ x 11 _____ 8½ x 14 _____ 11 x 17 _____

COLOR OF TEXT PAPER: _____

FOLDED: Yes: _____ No: _____ (If yes, how?) _____

STAPLED: Yes: _____ No: _____ (If yes, how?) _____

BOUND: Yes: _____ No: _____ (If yes, what color?) Black: _____ Brown: _____ Blue: _____ Red: _____
Gray: _____ White: _____

COMB BINDING: Yes: _____ No: _____

CUT: _____ Yes: _____ No: _____ (If yes, what size?)

3 Hole Drilled: Yes: _____ No: _____

NUMBER OF ORIGINAL PAGES: _____

IS THE DOCUMENT TO BE PRINTED -

One to One Sided _____ One-to-Two Sided _____

Two-to One Sided _____ Two-to-Two Sided _____

ARE THERE EXCEPTIONS: (Colored sheets to be inserted, etc.?) If colors are to be inserted, what are the actual page numbers, beginning with the cover page.

NUMBERS: _____

CONDITION OF ORIGINALS: EXCELLENT: _____ GOOD: _____ FAIR: _____ POOR: _____

--For Office Use Only--

Total Cost: _____ **Cost Per Book:** _____

Signature of Requestor Date

Please print name _____

Building Name: _____

Room No.: _____