COPY REQUEST FORM

Name:_____ Date:_____

Title of
Job/Paper:_____

Copy Job Due/Requested By:_____

Numbers of pages of original:_____ OG Duplex:_____

Who will pick up the copies (ie: admin, students, faculty):_____

Number of Copies Requested:_____

Collated: _____ Yes _____ No

Color: _____ Yes _____ No

Duplex: _____ Yes _____ No

Stapled: _____ Yes _____ No

Hole Punched: _____ Yes _____ No

Any other
instructions:_____

DBSC USE ONLY

Job completed on:
Called requestor:
Job picked up by:
Initial of service rep: