



TDS PRINT CENTER

8723 27th Ave. NE, Tulalip, WA 98271
360.716.5166

Copy/Print Job Request Form

RECEIVED

Date: _____

Time: _____

Job #: _____

By: _____

REQUESTED BY:

Full Name: _____ Work Phone: _____

Department: _____ Cell Phone: _____

Email: _____

Date Needed By: _____ Time Needed By: _____

Preferred Method of Contact: Call Work Call Cell Email

Special Instructions:

PRINTING OPTIONS	PAPER	BINDING/FINISHING
<p>ORIGINALS</p> <p># of Originals: _____ # of Pages: _____</p> <p><input type="checkbox"/> B&W <input type="checkbox"/> Color <input type="checkbox"/> Auto-detect</p> <p><input type="checkbox"/> Single-sided <input type="checkbox"/> Double-sided</p> <p><input type="checkbox"/> Mixed Single/Double-sided</p> <p><input type="checkbox"/> On CD/DVD <input type="checkbox"/> Via Email</p> <p><input type="checkbox"/> Filename and Location: _____</p> <hr/> <p>COPIES</p> <p>Total # of Copies: _____</p> <p>Same as Original <input type="radio"/> YES <input type="radio"/> NO</p> <p><input type="checkbox"/> Staple No Staple</p> <p> <input type="checkbox"/> Single Staple</p> <p> Location: _____</p> <p> <input type="checkbox"/> Double Staple</p> <p> Location: _____</p> <p><input type="checkbox"/> Single-sided <input type="checkbox"/> Double-sided</p> <p><input type="checkbox"/> Mixed Single/Double-sided to Double</p> <p><input type="checkbox"/> On CD/DVD <input type="checkbox"/> Via Email</p> <p><input type="checkbox"/> Filename and Location: _____</p> <hr/>	<p>White (Print Center Stock):</p> <p><input type="checkbox"/> 8.5 x 11 <input type="checkbox"/> 11 x 14</p> <p>Specialty Paper (Requestor Supplied):</p> <p><input type="checkbox"/> 8.5 x 14</p> <p><input type="checkbox"/> Color Paper</p> <p><input type="checkbox"/> Astrobright (fluorescent paper)</p> <p><input type="checkbox"/> Card Stock</p> <p><input type="checkbox"/> Pre-punch Paper</p> <p><input type="checkbox"/> Mailing Labels</p> <p><input type="checkbox"/> Carbon-less Paper</p> <p><input type="checkbox"/> Brochure Paper</p> <p><input type="checkbox"/> Adhesive Mailing Labels</p> <p><input type="checkbox"/> Other: _____</p> <hr/>	<p>Hole Punch:</p> <p><input type="checkbox"/> 2-Hole</p> <p><input type="checkbox"/> 3-Hole</p> <p><input type="checkbox"/> Top</p> <p><input type="checkbox"/> Comb Binding</p> <p>Fold:</p> <p><input type="checkbox"/> Image - Inside</p> <p><input type="checkbox"/> Image - Outside</p> <p> <input type="checkbox"/> Single</p> <p> <input type="checkbox"/> Letter - C-Fold</p> <p> <input type="checkbox"/> Letter - Z-Fold</p> <p>Miscellaneous:</p> <p><input type="checkbox"/> Binder</p> <p><input type="checkbox"/> Plastic Comb</p> <p><input type="checkbox"/> Laminate</p> <p>Covers:</p> <p><input type="checkbox"/> Front</p> <p><input type="checkbox"/> Back</p>

Completed by: _____ Date: _____ Time: _____