

National Institutes of Health  
Bethesda, Maryland

REQUEST FOR  
MAILING AND DISTRIBUTION SERVICES

1. Date

2. Record of Call No.

INSTRUCTIONS: Use this form to explain to the contractor (named in Item 7) the mailing and distribution work that you are requesting. You must also enter this transaction into DELPRO as a record of call.

3. FROM (Requester's name)

6. TO:  
D.C. Association for Retarded Citizens  
Warehouse  
3130-40 V Street, N.E.  
Washington, D.C. 20018  
PHONE NO. 202-636-2950

4. Phone No.

5. ICD

7. SERVICES REQUESTED: (Check all that apply.)

- Affix labels.
- Insert materials into envelopes (enclosed).
- Type labels from enclosed list.
- Other (explain in "Instructions")

8. Title of the project

9. Number of copies

10. Total no. of boxes

11. Instructions:

Send surplus mailing materials to:

Name: \_\_\_\_\_

Bldg./Room: \_\_\_\_\_

9000 Rockville Pike  
Bethesda, MD 20892

NIH 2573 (7/85)