

# Recurring Appointment Request

(A recurring appointment is a mailing that arrives consistently on the same day or days of the week, during the same time period, with approximately the same contents, and using the same form and size of transportation.)

If the mailing contents contain more than one shape or class, complete multiple copies of lines C1 through C6, until all sets of contents are described.

## A. Requestor/Mail Owner Information

1. Beginning Date	7. Mail Owner's Name
2. Ending Date	8. Mail Owner's Address (No., street, apt./ste./p.o. box no., city state, ZIP + 4 <sup>®</sup> )
3. Requestor's Name	
4. Requester's E-mail Address	
5. Mail Preparer's ID	9. Mail Owner Telephone Number (Include area code)
6. FAST Scheduler's ID	10. Mail Owner's PostalOne! <sup>®</sup> Number

## B. Transportation Information

1. Transportation Company Name	2. Transportation Company Contact Name
3. Type of Trailer Transporting Mail	4. Size of Trailer Transporting Mail
5. Transportation Company Contact Telephone Number (Include area code)	

## C. Mailing Information

1. Class (Check one)

a.  Standard Mail      b.  Periodicals      c.  Parcel Select<sup>®</sup>      d.  BPM/Media

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2. Processing Category (Check all that apply)

a.  Letters      b.  Flats      c.  Irregular Parcels      d.  Machinable Parcels      e.  Non-machinable Parcels

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3. Volume and Containerization

a. No. Trays \_\_\_\_\_      c. No. Parcels \_\_\_\_\_

b. No. Sacks \_\_\_\_\_      d. No. Bundles \_\_\_\_\_

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4. Number of Pallets Containing:

a.  Trays \_\_\_\_\_      b.  Sacks \_\_\_\_\_      c.  Bundles \_\_\_\_\_      d.  Parcels \_\_\_\_\_

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5. Additional Content Information

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6. Appointment Type

a.  Pallet      b.  Bedload      c.  Drop and Pick      d.  Speed Line \_\_\_\_\_ No. of Pallet Positions

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7. Day of Week

a.  Monday      b.  Tuesday      c.  Wednesday

d.  Thursday      e.  Friday      f.  Saturday      g.  Sunday

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8. Week of Month

a.  First      b.  Second      c.  Third      d.  Fourth      e.  Last

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9. Time of Day

\_\_\_\_\_ AM      \_\_\_\_\_ PM

## D. Signature of Requestor

1. Signature	2. Date Signed
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## E. Approving Facility

1. Name	3. Appointment Number Assigned
2. Title	