



OFFICE OF THE COMPTROLLER  
DEPARTMENT OF COMMUNICATION SERVICES- MUNICIPAL POST OFFICE (410-545-3012)  
ENVELOPE METERING/INSERTION REQUEST

■ **INSTRUCTIONS** ■

1. USE ONE REQUEST FORM FOR EACH TYPE OF MAILING/INSERTION
2. PLEASE CONTACT THE MPO 3 DAYS PRIOR TO DELIVERY OF MAIL TO BE PROCESSED
3. PLEASE ATTACH A PRINTED COPY OF THIS REQUEST AND A SAMPLE OF THE DOCUMENT TO BOX
4. KEEP ONE COPY FOR YOUR RECORDS

AGENCY: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF AGENCY CONTACT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

BUDGET ACCOUNT NUMBER: \_\_\_\_\_

DOCUMENT NAME: \_\_\_\_\_ (*ONLY one type of document per form*)

DELIVERED TO MPO: DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

NAME OF PERSON MAKING DELIVERY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**REQUESTED SERVICES**

MAIL METERING ONLY  (*Check Box*)

DUE DATE: \_\_\_\_\_

PIECE COUNT (*Must Be Completed*)

Agency: \_\_\_\_\_ MOIT: \_\_\_\_\_ Print Shop: \_\_\_\_\_

OUTSOURCE COMPANY: \_\_\_\_\_  
(*If Applicable*)

INSERTION/S AND METERING  (*Check Box*)

DUE DATE: \_\_\_\_\_

PIECE COUNT (*Must Be Completed*)

Agency: \_\_\_\_\_ MOIT: \_\_\_\_\_ Print Shop: \_\_\_\_\_

LIST EACH ITEM TO BE INSERTED  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIAL INSTRUCTIONS FOR MPO: \_\_\_\_\_  
(*May use reverse side of this form if more space is required for Special Instructions*)

■ **TO BE COMPLETED BY MPO** ■

DATE & TIME REC'D: \_\_\_\_\_ SIGNED \_\_\_\_\_

JOB START DATE/TIME: \_\_\_\_\_ JOB FINISH DATE/TIME: \_\_\_\_\_

DELIVERED TO USPS DATE/TIME: \_\_\_\_\_

MPO PIECE COUNT: \_\_\_\_\_ DISCREPANCIES IN COUNT: **No/Yes** (*Circle Yes or No. If yes contact Print Shop, MOIT and Agency*)

MPO NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MPO Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_