

Three Rivers Community College

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Copy Center (XT 59029)

Copy Request Form

Requested By: _____ Department: _____ Phone Number: _____

Date/Time Submitted: _____ Date/Time Required: _____

(Please allow **3 business days** for all jobs)

of pages of ORIGINALS: _____ Are Originals double sided? Y___ N___ **# OF COPIES:** _____

Collated _____ Uncollated _____ (If uncollated is each original/page copied to be placed into separate stacks?) _____

DOUBLE SIDED: 1-1 _____ 1-2 _____ 2-1 _____ 2-2 _____

STAPLED: 1 Staple: Left _____ or Right _____ 2 Staples: Top _____ or Side _____

HOLE PUNCHED: 2 Holes: _____ 3 Holes: Left _____ or Right _____ or Top _____

Special Instructions: _____

Special Options

Color Paper: Blue: _____ Yellow: _____ Pink: _____ Green: _____ Ivory: _____

Special Paper: 8.5 x 14 (legal) _____ 11 x 17 _____ Card Stock (heavier): 8.5 x 11 _____ 11 x 17 _____

Booklet Binding: _____ Number pages? Yes (where?) _____ No _____

*For more detailed booklet binding and other folding jobs please see Fold/Mail request form

Copy Center Staff Use Only

Completed By: _____ Date/Time: _____

Date Notified: _____ By Phone: _____ By Email: _____