

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
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11. Instructions:

Send surplus mailing materials to:

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

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

9000 Rockville Pike  
Bethesda, MD 20892

NIH 2573 (06/13)