

UCDAVIS

Supply Chain Management

Mail Services Request Form

Mail Stop/ID Number

- | | |
|--|--|
| <input type="checkbox"/> Request for Mail Stop | <input type="checkbox"/> ID# Activation |
| <input type="checkbox"/> Relocation of Mail Stop | <input type="checkbox"/> ID# Change |
| <input type="checkbox"/> Cancel Mail Stop | <input type="checkbox"/> Cancel ID# |
| <input type="checkbox"/> Department Name Change | <input type="checkbox"/> Department Merger |

Dept. Name _____

Old Dept. Name _____
(If Applicable)

Dept. Contact _____

Phone No. _____

Effective Date _____

New Mail Stop Location _____

Old Mail Stop Location _____
(If Applicable)

Billing ID# _____

New Billing ID# _____
(If Applicable)

Miscellaneous Comments

