



# Copy & Supply Center Copy Request Form

Title of Project \_\_\_\_\_ Today's Date: \_\_\_\_\_

Quantity \_\_\_\_\_ Black /White: \_\_\_\_\_ Color: \_\_\_\_\_

Single Sided: \_\_\_\_\_ Back to Back: \_\_\_\_\_ Stapled: \_\_\_\_\_ 3 Hole Punch: \_\_\_\_\_

Collate: \_\_\_\_\_

Size: 8 ½ X 11: \_\_\_\_\_ 11 X 14: \_\_\_\_\_ 11 X 17: \_\_\_\_\_ Cardstock: \_\_\_\_\_

Paper: White: \_\_\_\_\_ Pink: \_\_\_\_\_ Green: \_\_\_\_\_ Blue: \_\_\_\_\_ Yellow: \_\_\_\_\_ Goldenrod: \_\_\_\_\_

Red: \_\_\_\_\_

Special Instructions:

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Person Requesting: \_\_\_\_\_

Mutual / Organization: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Please deliver to or email this form to [copies@lwsb.com](mailto:copies@lwsb.com)

Please provide signature below upon completion of request

Signature: \_\_\_\_\_