



COPY CENTER REQUEST FORM
WINDSOR C1 SCHOOL DISTRICT

Due Date Required
(Please do not use ASAP)

Minimum 2 business days
from date received in Print

Today's Date/Time: _____ Date/Time Required: _____
Requested By: _____ Telephone Number: _____
Department: _____

JOB DESCRIPTION

Number of Pages Per Original: _____ Number of Copies/Sets: _____

Standard Copies

B&W _____

Color _____

___ 8.5x11

___ copy one sided

___ copy as is

___ 11x17

___ copy two sided

___ reduce ___ enlarge

___ Other - Size _____

Paper

Color PAPER _____

Color CARD _____

___ 20# White

Pink Blue Yellow Green Salmon

Grey Goldenrod Cherry Orchid

___ 20# 3-hole white

Orange Ivory Tan

Finishing Services

___ Stapling Choose one style either ___ BOOKLET OR ___ SIDE STAPLES

___ GBC Binding

___ Folding : ___ Letter ___ Z Fold

COLOR COPIES Authorization exceeding 25 copies, per building principal. X _____

Special
Request/Services: _____

For copy jobs with copyright originals: The requestor verifies that this job request is made in accordance with the US Copyright Act of 1976. Please check one:

___ Fair Use

OR

___ Copyright approval obtained. Initial _____