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| DEQlogo-sm.bmp | **State of Oregon**  Department of Environmental Quality  811 SW Sixth Avenue  Portland OR 97204-1390 | | | | | | | | PRINT ORDER | | | | | | | | **Section Requisition Number:**  **WQ-013-14** | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | |
| BILLING & DELIVERY | | | | | | | | | | | | | | | | | | | | | |
| Agency: Department of Environmental Quality, Accounting  Agency number: 340000  Billing address: 811 SW 6th Avenue, Portland OR 97204-1334 | | | | | | | | | | | | | | | | | Ordered by:  Phone: | | | | |
| Delivery address: **(see Additional Information below)**  Call for pickup  Phone:  Contact & phone:  **Chris Clipper, 503-229-5656** | | | | | | | | | | | | | | | | | Agency reference:  **26986**  Date ordered:  *(m/d/yyyy)*  Delivery date:   *(m/d/yyyy)* | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| SERVICES REQUESTED  Copy/print  Variable data printing  Mailing  Main frame printing  Typeset/graphic design  Other service: | | | | | | | | | | | | | | | | | | | | | |
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| ORDER INFORMATION | | | | | | | | Select: New Job | | | | | | Job number       (if “Revised with Changes” or “Exact Reprint”) | | | | | | | |
| Project title: **Water Quality Permit Fees Rulemaking** | | | | | | | | | | | | | | | | | | | | | |
| Document number:  Rev. date:   *(m/d/yyyy)* | | | | | | | | | | | | | | | | | | | | | |
| Quantity (number of copies): **3,613**  (numbers only) including State Library copies  **10 copies to be sent to State Library per ORS 357.090** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | |
| COPY INFORMATION Number of pages:  *(i.e.,number of originals)* | | | | | | | | | | | | | | | | | | | | | |
| Original size: Other - See addtional info | | | | | | | | | | | | | | Finished size: 8.5 x 11 | | | | | | | |
| Copy prints:  1-sided  2-sided  NA | | | | | | | | | | | Head to head  Tumble head | | | | | | | Originals supplied:  Hard copy  Electronic | | | |
| Black copying  Color copying Other colors: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | |
| PROOF INFORMATION  PDF  Paper/laser  None | | | | | | | | | | | | | | | | | | | | | |
| Send to (name or e-mail):  **(I will review the proof at the City's office.)**  via None | | | | | | | | | | | | | | | | | | | | | |
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| COVER INFORMATION Number of cover pages:  Finished size:  *(width x height)* | | | | | | | | | | | | | | | | | | | | | |
| Prints:  Outside front  Outside back  Inside front  Inside back | | | | | | | | | | | | | | | | | | | | | |
| Black copying  Color copying Other colors: | | | | | | | | | | | | | | | | | | | | | |
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| STOCK INFORMATION | | | | Stock 1: Stock 1 | | | | | | | | Stock 2: Stock 2 | | | | | | | | | Stock 3: Stock 3 |
| Stock information: **80# colored cover stock (any light color)** | | | | | | | | | | | | | | | | | | | | | |
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| FINISHING INFORMATION  Cutting  Tab close | | | | | | | Uncollated  Perfect binding  Thermal bind  Coil | | | Staple upper left  Staple two left  Staple upper left, fold in half  Saddle stitch | | | | | | Drilling: Drill Position  Folding: None  Head in  Head out  Padding: Pad amount (amount) Pad Position (position) | | | | | |
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| PACKAGING INFORMATION  Best method *OR* | | | | | | | | | | | | | | | | | | | | | |
|  | | Shrink wrap – Quantity per wrap: | | | | | | | | | | | Box – Quantity per box:  *OR*  Weight per box: | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| ADDITIONAL INFORMATION  **These are postcards. 4 postcards per sheet. Mailhouse (subcontractor) to mail the postcards. Work to include one proof, printing, 80# colored cover stock (any light color is fine), cutting, all black toner, double sided, no bleeds.** | | | | | | | | | | | | | | | | | | | | | |
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| MAILING INFORMATION | | | | | Service: Mail only | | | | | | | Envelope: Choose a Service | | | | | | | | Post class: First Class Presort | |
| Insert(s) information: | | | | | | | | | | | | | | | | | | | | | |
| *ADDRESS SERVICES* | | | | | | Fast forward  NCOA | | | | Delete duplicates  Shuttle (split field included) | | | | | | | | | Address correction service | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| AUTHORIZATION | | | Manager Approval: **See attached** | | | | | | | | | | | | Purchasing approval: | | | | | | |
|  | | | | | | | | | | | |  | | | | | | |