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 619 ROUTE 17M
 MIDDLETOWN, NEW YORK 10940-4395

**REQUEST
 FOR
 PRINTING SERVICE**

Dept./Library: _____ Date Requested: ____/____/____
 Item: _____ Date Needed: ____/____/____
 No. Of Pages: _____ 1 Or 2 Sided: _____ No. Of Copies: _____
 Ink Color(s) (circle): Black Blue Burgundy Red Teal
 Paper Color (circle): *White / *Blue / *Cream / *Gray / Green / Natural / *Peach / *Pink / *Yellow
 Paper Size (circle): 8½ x 11 11 x 17 Weight (circle): 60# (light) *67# (postcard weight)
 One or Two Color: _____ Text Color: _____ Highlight Color: _____
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 Date Received: ____/____/____ Questions? Call (343-1131) Ruth (Ext. 222) or Carol Martin (Ext. 221) 04/08



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