

TRENTON PUBLIC SCHOOLS
REQUEST FOR COPIES FORM

Department / School: _____

Contact Person: _____

(Please Print CLEARLY)

Phone #: _____ Room #: _____

Date Submitted: _____

QUANTITY REQUESTED:

No. of Pages in Document: _____

Paper: 8 ½ X 11 _____
8 ½ X 14 _____ ←(you must provide your own!)
3-hole _____
White _____
Color: BLUE GREEN PINK YELLOW
(Circle One)

The below items **MUST** be filled out properly!

1 sided to 1 sided	_____	_____ Collated	_____ NOT Collated
1 sided to 2 sided	_____	_____ Stapled	_____ NOT Stapled
2 sided to 2 sided	_____		
2 sided to 1 sided	_____		

Remove ALL Staples From Originals