



Salt Lake County Department of Administrative Services

Printing Services Division

Print Request Form

Please complete the form below and email to [printing@slco.org](mailto:printing@slco.org)

Date of Request: \_\_\_\_\_

Organization: \_\_\_\_\_ Suite/Address: \_\_\_\_\_

Job Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Requesting Division: \_\_\_\_\_

Activity Code: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Brief description of the job: \_\_\_\_\_

Number of Originals: \_\_\_\_\_

How do you want your document printed? \_\_\_\_\_

Single Sided

Double Sided

Stapled

3 hole drilled

Paper Color: \_\_\_\_\_

Paper Weight: \_\_\_\_\_

Number of Copies: \_\_\_\_\_

Do you want the job folded?

Yes

No

*-continued-*



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Describe your fold preference: \_\_\_\_\_

Do you want the job cut?

Yes

No

Describe your cut preference: \_\_\_\_\_

Total pieces needed: \_\_\_\_\_

How do you want the job bound?

No binding

Spiral

Velo

Comb

Additional Information: