



Salt Lake County Department of Administrative Services

Printing Services Division

Print Request Form

Please complete the form below and email to 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: