EVERY DOOR DIRECT MAIL
FACING SLIP

5-Digit ZIP Code (Required):	Route Number (Required):	Delivery Type:
Date:	Total # of Mailpieces per Bundle:	Total # of Bundles*: _____ of _____

Do Not Deliver Address	Do Not Deliver Address

Saturation Mail Description	Mailer Information		
	Permit Holder Name:		
	Permit Number:	Permit Type:	Post Office of Mailing:

** Mailers must prepare bundles to comply with standards*

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