# ISD COUNTY MAIL SERVICES
# MAIL STOP SERVICE REQUEST

**Requesting Department:** _____ **Effective Date:** _____
**Requested by:** _____ **E-mail:** _____ **Phone:** _____

**Please select type of request:**

☐ **Establish New Mail Stop**

**Pick-up Address**

Address: _____
On-site Coordinator: _____ Phone: _____

**Delivery Address**

Address: _____
On-site Coordinator: _____ Phone: _____

☐ Special Same-Day Service ☐ Regular

**Delivery Schedule Requested:** *(Select all boxes that apply)*

| | Monday | Tuesday | Wednesday | Thursday | Friday | Total |
|---|---|---|---|---|---|---|
| ☐ AM | ☐ | ☐ | ☐ | ☐ | ☐ | |
| ☐ PM | ☐ | ☐ | ☐ | ☐ | ☐ | |

☐ **Change of Address**

Old Address: _____
On-site Coordinator: _____ Phone: _____
**New Address:** _____
**New On-site Coordinator:** _____ **Phone:** _____

☐ **Cancel Mail Stop**

Reason: _____
Address: _____
On-site Coordinator: _____ Phone: _____

**Requesting Department Authorization:**

_____ _____ _____
Manager's Name (Please Print) Signature Date

**ISD COUNTY MAIL SERVICES ONLY:**

**Reviewed with customer by:** _____ **Date:** _____
**Route(s):** _____
**Billing updated by:** _____ **Billing Month:** _____

**PLEASE SEND COMPLETED REQUEST TO:**
**E-mail:** ISDMailSupport@isd.lacounty.gov or **Fax:** (323) 780-8420