

State Agency Contact Form

AGENCY INFORMATION

Name of Agency: _____

Agency Address: _____

Daytime Contact (Primary)

Name: _____ Phone Number: _____

Email: _____

Daytime Contact (Alternate):

Name: _____ Phone Number: _____

Email: _____

Night Time Contact (Primary)

Name: _____ Phone Number: _____

Email: _____

Night Time Contact (Alternate):

Name: _____ Phone Number: _____

Email: _____

ALTERNATIVE SERVICE OPTIONS

- Continue night contact procedures
 - Leave mail at alternate site
 - Name of Alternate Site: _____
 - Return Mail to IMS Mailroom. IMS will contact you for alternate arrangements
 - Other: _____
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RECOMMENDED DELIVERY FREQUENCY

DAY TIME ROUTES

- Monday, Wednesday, Friday
- Tuesday, Thursday
- Everyday
- Email Notification Only

Special Instructions: _____

NIGHT TIME ROUTES

- Monday, Wednesday, Friday
- Tuesday, Thursday
- Everyday
- Email Notification Only

Special Instructions: _____

BILL TO ACCOUNT (If known): _____

Any question should be addressed to Robin Holmes at 803-898-9924