EVERY DOOR DIRECT MAIL
FACING SLIP

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