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**INTERDEPARTMENTAL  
MAIL SERVICE REQUEST**

**DATE:**

**AGENCY:**

**PHONE #:**

**CONTACT:**

**BUDGET ACCOUNT #:**

**SERVICE ADDRESS:**

**CITY:**

**PLEASE CHECK ONE OF THE FOLLOWING:**

<input type="checkbox"/>	<b>START SERVICE</b>
<input type="checkbox"/>	<b>STOP SERVICE</b>
<input type="checkbox"/>	<b>CHANGE OF ADDRESS</b>

**NEW SERVICE ADDRESS:**

**EFFECTIVE DATE:**

**AGENCY SIGNATURE:**

Please email the completed form and for questions or concerns, please contact Mail Services @ [MailServices@admin.nv.gov](mailto:MailServices@admin.nv.gov).

**FY 24 rate: \$247.25 per month \$2,967.00 annually**