



IPPS Mail Services - Mail Code Request Form
Please complete form and attach to a BFSupport case

Department:

Physical Location of Department:

Index number:

Administrative Contact name:

Email:

Phone:

Fiscal Contact Name:

Email:

Phone:

Number of stops per day:

Month Effective:

Mail Delivery Start date:

Note:

The billing cycle begins on the 1st of the month. No prorated billing.

No split indexes.

Do not write below this line - For issuing office only:

Mail Code:

Mail Box #

Combination: