



REPROGRAPHIC SERVICE REQUEST

Today's Date: Complete By Date: Complete By Time:

CLIENT INFORMATION:

Firm:	Contact:
Address:	City, State, Zip:
Phone:	Fax:
Email:	Reference #:

DUPLICATION DETAILS:

Number of Sets to be Duplicated:

- | | | |
|---|---|--|
| <input type="checkbox"/> Color for Color | <input type="checkbox"/> Black and White Only | <input type="checkbox"/> Copy Tagged or Clipped Items Only |
| <input type="checkbox"/> Size for Size | <input type="checkbox"/> 8.5" x 11" Only | <input type="checkbox"/> 1 Sided to 1 Sided |
| <input type="checkbox"/> 2 Sided to 2 Sided | <input type="checkbox"/> 1 Sided to 2 Sided | <input type="checkbox"/> 2 Sided to 1 Sided |
| <input type="checkbox"/> Number of Photos to Place per Page: <input type="text"/> | | |

FINISHING OPTIONS:

- Remove all staples, paperclips, tabbing, post-its, etc. and DO NOT replace
- Replace all staples, paperclips, tabbing, post-its, etc. on originals ONLY
- Replace all staples, paperclips, tabbing, post-its, etc. on originals AND copies

BINDING OPTIONS: Bind Copies SAME as Originals

	<i>Copies</i>	<i>Originals</i>
Two Hole Punch	<input type="checkbox"/>	<input type="checkbox"/>
Three Hole Punch	<input type="checkbox"/>	<input type="checkbox"/>
Acco Bind	<input type="checkbox"/>	<input type="checkbox"/>
Velo Bind	<input type="checkbox"/>	<input type="checkbox"/>
Comb Bind	<input type="checkbox"/>	<input type="checkbox"/>
Staple	<input type="checkbox"/>	<input type="checkbox"/>
Clip	<input type="checkbox"/>	<input type="checkbox"/>
Rubberband	<input type="checkbox"/>	<input type="checkbox"/>

PAPER OPTIONS:

	<i>Front</i>	<i>Back</i>
Clear Covers	<input type="checkbox"/>	<input type="checkbox"/>
Black Vinyl Covers	<input type="checkbox"/>	<input type="checkbox"/>
Card Stock Covers	<input type="checkbox"/>	<input type="checkbox"/>

Color:

SPECIAL INSTRUCTIONS:

1060 PALM STREET, SUITE D | SAN LUIS OBISPO, CA 93401

Phone (805) 439-1800 www.eLegalServicesInc.com Fax (805) 439-1802