

## OPDS Copy Center Form

Today's Date:	Name:
Phone Number/Email:	Atty's Office:
Call/Email: Yes_      No_	Date Needed:
CR#	Client's Name:
How many Copies:	Originals Pages: B/W:                      Color:
Total of Request:	Mistakes:
Staple _____ Hole Punch: _____ 2 Top or _____ 3 Side	
Color Print: _____ Scan: _____	Copy As: _____ One Sided or _____ Two Sided
<u>Special Instructions:</u>	
Received By:	Date: