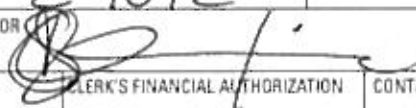


Please print and press firmly. For assistance completing this form please call 392-8940

DATE REQUESTED February 26, 2014		DATE REQUIRED Tomorrow, 2014!		COUNCILLOR Sauette		
CONTACT Sonia			PHONE 2-4072		FAX	
<small>THE PRINTED/COPIED MATERIAL REQUESTED IN THIS REQUISITION WILL NOT BE USED FOR ELECTION RELATED PURPOSES AND IS NOT INTENDED FOR DISTRIBUTION OUTSIDE MY WARD</small>			<small>AUTHORIZED BY COUNCILLOR (Must be Completed)</small> 			
PROJECT TITLE Development Newsletter			CLERK'S FINANCIAL AUTHORIZATION		CONTENT REVIEWED	
# OF ORIGINALS 4	PAPER: <input checked="" type="checkbox"/> WHITE BOND		BINDING:		<input type="checkbox"/> SCORE	
# OF COPIES 22,872	<input type="checkbox"/> COLOUR BOND (Specify) _____		<input type="checkbox"/> STAPLE	<input type="checkbox"/> SIDE	<input type="checkbox"/> CORNER	
TOTAL COPIES _____	<input type="checkbox"/> OTHER (cover) _____		<input type="checkbox"/> CERLOX	<input type="checkbox"/> TAPE BIND		
<input type="checkbox"/> ONE SIDED	<input checked="" type="checkbox"/> TWO SIDED		OTHER (Specify) _____		(Location) _____	
<input type="checkbox"/> 8 1/2 x 11	<input type="checkbox"/> 8 1/2 x 14		FOLDING:		<input type="checkbox"/> PAD: (# Sheets per) _____	
<input type="checkbox"/> 11 x 17	(inside pages) _____		<input type="checkbox"/> COPY IN	<input checked="" type="checkbox"/> COPY OUT		
<input type="checkbox"/> OTHER See email	_____		<input checked="" type="checkbox"/> IN HALF	<input type="checkbox"/> IN THREE		
SPECIAL INSTRUCTIONS:			<input checked="" type="checkbox"/> ART SUPPLIED		INK COLOURS:	
<p>*Just having a bit of fun, Vito. In all seriousness, as soon as is humanly possible. It's not like we've ever asked for that before!</p> <p style="text-align: center;">Sonia</p>			<input type="checkbox"/> DISK SUPPLIED		<input type="checkbox"/> BLACK and/or See email	
			<input type="checkbox"/> FILM SUPPLIED		<input type="checkbox"/> PMS# _____	
			<input type="checkbox"/> LASER PROOF		<input type="checkbox"/> PMS# _____	
			<input type="checkbox"/> COLOUR PROOF		<input type="checkbox"/> PMS# _____	
			<input type="checkbox"/> DYLUX PROOF		<input type="checkbox"/> 4 COLOUR PROCESS	
SHIP TO: _____			<input type="checkbox"/> PICKUP		<input type="checkbox"/> QUOTE REQUIRED	
_____			<input type="checkbox"/> CALL WHEN READY			
FOR DEPARTMENTAL USE ONLY			# OF SHEETS		# OF IMPRESSIONS	
DOCKET NUMBER	SHIPPING DATE	# OF BOXES	ORIGINALS ENCLOSED	RECEIVED BY		
			<input type="checkbox"/> YES <input type="checkbox"/> NO			
Copy Centre Contacts	City Hall 392-7200	Metro Hall 397-7126	East York Civic Centre 397-4044	Etobicoke Civic Centre 394-8102	North York Civic Centre 395-6906	Scarborough Civic Centre 396-7420
						York Civic Centre 394-3684
			White - Printer's Copy		Yellow - Receipt Copy	
			Pink - Council Services Copy		Golden Rod - Councillor's Copy	