## Berean Baptist Church 2425-33 West Indiana Avenue Philadelphia, PA 19132-1304 Dr. Michael W. Couch, Pastor

Request for Copies

Date:	v	
Name of Person Requesti	ng Copies:	
Name of Ministry:		
Title: (If applicable)		
Purpose/Name of Documen	t:	
Number of Copies: Special Instructions:	Double-Sided? (Yes/No) Size (if other than 8 1/2 x 11: Special Paper? (yes/no) If yes, explain:	
3		
armen.		
Date copies needed:		
Delivery instructions:	Leave in auxiliary mailbox	
	Will pick up personally	,
	Please give to this person:	
	Other	
front door. Th	document along with this form in the mail box on the sail box of the sail box	л —
To be filled out	by AUTHORIZED PERSONNEL	
Date request recieved:	Paper provided: ( Yes / No )	
Date of delivery:		ž.
Signature of AUTHORIZED	PERSONNEL:	
Rev. 10/06/19		