

**University of Maryland
Copier Placement Application
University Copy Program**

Department: _____

Contact Name: _____ Extension: _____

Contact UID: _____ :

Proposed Copier Location: _____
Room Number Building

Anticipated Monthly Volume: _____

FRS Number to be Charged: _____

Briefly outline the copying needs for your department. Please include any requested special features (sorter, feeder, stand, etc.):

Is new copier to replace an existing machine? Yes _____ No _____

If Yes, 1. What is the make and model number? _____

2. What is the reason for replacement?

3. If a Copy Program Copier, what is the Copier No.? _____

Signature of Department Head
(or person with budgetary authority)

Date

Return Completed Form to: Department of Business Services
2104 G Patapsco Bldg
Zip-6711