Washington State DEPARTMENT OF SOCIAL & HEALTH SERVICES

FORMS AND PUBLICATIONS REQUEST

Type or print clearly. Instructions on back of form.

1. Use a separate request form for each supplier (check supplier below):

☐ Forms and Publications Warehouse, Mailstop 45816, PO BOX 45816, OLYMPIA WA 98504-5816, FAX: (360) 664-0597, or email dshsfpw@dshs.wa.gov.

☐ Forms and Records Management, Mailstop 45805, PO BOX 45805, OLYMPIA WA 98504-5805, FAX: (360) 664-6186, or email DSHSFormsRecordsMgmt@dshs.wa.gov.

☐ Non-stocked publications: Send orders to the sponsoring program. Refer to the DSHS Publication Catalog, DSHS 22-325, to identify the sponsoring program. To order a catalog or for assistance, contact: Publications Management, Mailstop 45120, PO Box 45120, Olympia WA 98504-5120, Telephone (360) 902-7840, FAX (360) 902-0878, or email morganl@dshs.wa.gov.

2. REQUESTING OFFICE (MUST INCLUDE MAIL STOP)

USE A SEPARATE FORM FOR EACH "SHIP TO" LOCATION.

3. SHIP TO: OFFICE OR ORGANIZATION	4. MAIL STOP	5. NAME	6. TELEPHONE NUMBER
		ATTN:	

7. STREET ADDRESS (P0 BOX IS UNACCEPTABLE)	CITY	STATE	ZIP CODE	8. FAX NUMBER

9. LINE NO.	10. FORM OR PUBLICATION NUMBER	11. QUANTITY WANTED	12. FORM OR PUBLICATION TITLE OR ITEM DESCRIPTION
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13. OTHER INSTRUCTIONS

DATE RECEIVED

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				APPN INDEX	PROGRAM INDEX				ALLOC	BUDGET UNIT	MOS				

14. NAME OF REQUESTER	15. TITLE	16. PHONE NUMBER	17. DATE