DSS-876EL (Rev. 2/96)

REQUEST FOR FORMS OR PUBLICATIONS

Submit Request to:	Deliver Supply to: (Complete Address)
N.Y.S. Department of Social Services Bureau of Forms and Print Management P.O. Box 1990 Albany, N.Y. 12201	

INSTRUCTIONS:

1. Order forms (by mail) when you reach a two-month supply.
2. Order a six-month supply.
3. Please order forms in numerical sequence.
4. Allow 3 weeks for processing of order.

Form Number	Form Title	Quantity Requested	Quantity Shipped

Agency Submitting Request:

Signature of Person Submitting Request:	Phone Number	Date Submitted

TO BE COMPLETED BY FORMS AND PRINT MANAGEMENT BUREAU

Cost Center Code	Date Filled	Filled By

Sent VIA ☐ UPS ☐ Truck ☐ _____