

ADVISORY OPINION REQUEST FORM

U.S. House of Representatives COMMISSION ON CONGRESSIONAL MAILING STANDARDS

OFFICE OF THE MAJORITY
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WASHINGTON, DC 20515
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OFFICE OF THE MINORITY
1307 LONGWORTH HOB
WASHINGTON, DC 20515
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Office of: _____ State: _____ District: _____
Date: _____ Staff Contact: _____
Telephone #: _____ Fax#: _____ E-mail Address: _____

THE ATTACHED MATERIAL IS BEING SUBMITTED FOR REVIEW IS A/AN:

- | | | | | |
|--|---|--|--------------------------------------|---|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Insert | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Script | <input type="checkbox"/> Template |
| <input type="checkbox"/> Calendar | <input type="checkbox"/> Letter | <input type="checkbox"/> Poster/Chart | <input type="checkbox"/> Sign/Banner | <input type="checkbox"/> Third Party Printing |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Meeting notice | <input type="checkbox"/> Questionnaire | <input type="checkbox"/> Stationery | <input type="checkbox"/> Other |

THE ATTACHED MATERIAL WILL BE DISTRIBUTED AS:

- A MASS MAILING (500 OR MORE PIECES)
- | | | |
|---|---------------------------|---|
| <input type="radio"/> A SINGLE DROP MASS MAILING | APPLICABLE POSTAL RATE(S) | <input type="checkbox"/> First Class |
| NUMBER OF PIECES: _____ | | <input type="checkbox"/> Presorted Standard |
| ANTICIPATED DISTRIBUTION DATE: ____ / ____ / ____ | | <input type="checkbox"/> Postal Customer |

- NOT A MASS MAILING (499 PIECES OR LESS)

- A MASS COMMUNICATION
- TO BE DISTRIBUTED VIA:
- | | | | |
|-------------------------------|-----------------------------|---|---------------------------|
| <input type="radio"/> By Hand | <input type="radio"/> Fax | <input type="radio"/> Publication/Posting | <input type="radio"/> Web |
| <input type="radio"/> E-mail | <input type="radio"/> Phone | <input type="radio"/> Radio/TV Broadcast | |

COMMENTS: _____

FOR COMMISSION USE ONLY

Majority review: _____ Date: ____ / ____ / ____
Minority review: _____ Date: ____ / ____ / ____
Revisions requested: _____

Revisions approved by the Majority: _____ Date: ____ / ____ / ____
Revisions approved by the Minority: _____ Date: ____ / ____ / ____
Preliminary authorization issued to: _____ By: _____ Via: _____ Date: ____ / ____ / ____