

**OFFICE OF STATE PUBLISHING
SPECIFICATIONS FORM**

Fax this completed form to: 916-323-4305 or e-mail it to you OSP Customer Service Representative.

AGENCY:	
PROJECT TITLE:	
File Ready Date:	
Due Date:	

SPECIFICATIONS

DESCRIPTION & PAGE COUNT	
QUANTITY:	
SIZE:	
PAPER:	
INK (# of colors):	
BINDERY:	
REQUIRED PROOFS:	Yes
PACKAGING:	Conveniently
SHIP TO:	
MAILING INSTRUCTIONS:	
SPECIAL INSTRUCTIONS:	
OSP CUSTOMER SERVICE REP:	Jerry Brown

Please provide the OSP estimate number if you have one: _____

CONTACT INFORMATION:

NAME:
PHONE:
FAX:
E-MAIL:

FOR OSP USE ONLY:

RETAIN RELEASE TIME EQUIPMENT

BY _____