

REQUEST FOR INDIGENT POSTAGE

() NON-LEGAL FIRST CLASS POSTAGE (maximum – three)

() LEGAL POSTAGE (maximum – five)

() SPECIAL MAILING (maximum – one)

I fully understand that the funds for the purchase of **indigent postage** will be a loan from the Inmate Benefit Fund. If I receive any funds to my account, I will be required to reimburse the Inmate Benefit Fund in accordance with SOP 406.19 “Offender Financial Transactions and Business Activities”.

Offender Name

GDC Number

Dorm and Room Number

Offender Signature

Date

Signature of Verifying Staff

Date

TO BE COMPLETED BY OFFENDER

LEGIBLY PRINT ADDRESS

NON-LEGAL FIRST CLASS MAIL

LEGAL MAIL

SPECIAL MAILING

**TO BE COMPLETED BY
MAILROOM STAFF**

NON-LEGAL POSTAGE USED DATE

LEGAL POSTAGE USED

SPECIAL MAILING POSTAGE USED

TOTAL POSTAGE USED

TO BE COMPLETED BY BUSINESS OFFICE STAFF

APPROVED

DENIED

REASON FOR DENIAL:

BUSINESS OFFICE STAFF SIGNATURE: _____ **DATE:** _____

Copy: offender