

MAIL TIME SURVEY FORM

<i>ORIGINATOR FILL IN:</i>			1. CONTROL NO.
2. SENT FROM (NAME OF OFFICE)	3. DATE	4. TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	

TO:

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SECTION A

(OPTIONAL FOLD)

INSTRUCTIONS

ORIGINATOR. Complete blocks 1 through 4, the "TO" block, and the "RETURN TO" block. Mail immediately, by whatever class or internal means being tested. Normally, enclose an addressed return envelope, or window envelope.

RECIPIENT. Upon receipt, immediately complete blocks 5 through 9. Send promptly to address below.

(OPTIONAL FOLD)

RECIPIENT FILL IN:

5. RECEIVED BY (NAME OR OFFICE)	6. DATE	7. TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
DISPATCHED FOR RETURN	8. DATE	9. TIME <input type="checkbox"/> AM <input type="checkbox"/> PM

Thank you for your cooperation. Please return promptly.

ORIGINATOR FILL IN:

RETURN TO:

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ORIGINATING OFFICE USE	
RETURNED -- DATE	
TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM