

**PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE COPIER(S) IN YOUR DEPARTMENT  
THAT ARE NOT ON THE UNIVERSITY COPIER PROGRAM/XEROX SERVICES CONTRACT**

**FOR ASSISTANCE IN FILLING OUT THIS FORM CALL 895-3214 / 895-2715**

**UPON COMPLETION E-MAIL BACK AS ATTACHMENT, FAX TO 895-4649, OR MAIL TO REPROGRAPHICS BOX-1028**

Department & Location:	
Contact Name & Phone Number:	
Make & Model Number:	
Serial Number:	
Is this a Monochrome (Black Only) or Color Copier?	
Is this copier Purchased, Leased or Rented?	
If Leased or Rented for how many months and how much per month?	
Date of Acquisition/Installation?	
What is the average monthly Black copies volume?	
What is the average monthly Color copies volume?	
List any special features, i.e., sorter, faxing, scanning, etc.	
Department & Location:	
Contact Name & Phone Number:	
Make & Model Number:	
Serial Number:	
Is this a Monochrome (Black Only) or Color Copier?	
Is this copier Purchased, Leased or Rented?	
If Leased or Rented for how many months and how much per month?	
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What is the average monthly Black copies volume?	
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List any special features, i.e., sorter, faxing, scanning, etc.	

**THANK YOU FOR YOUR ASSISTANCE WITH THIS IMPORTANT COPIER CENSUS**