UTMB
The University of Texas Medical Branch

Mail Services
Route Request Relocation

1. Date submitted:	2. Submitted by:	3. Department Name:	
4. Account Number:	5. Current Route Number	6. Contact Name:	7. Phone:

7. Type of request

- ☐ Route number assignment for NEW department
- ☐ Route number for RELOCATION of department or personnel
- ☐ Other (please explain)

8. Effective date of change: _____

9. OLD location
Building: _____
Floor: _____
Room #: _____

10. NEW location
Building: _____
Floor: _____
Room #: _____

11. Personnel involved

Employee #	Name	Employee #	Name

Mail Services use only

Date form received	Notified by	Assigned route number
Date client notified	Form reviewed by	Assigned carrier