## Attachment 3 SOP IIB04-0001 (9/15/09)

## REQUEST FOR INDIGENT POSTAGE

( ) NON- AMOUNT	LEGAL FIRST CLASS P	OSTAGE (Maximum t	three)
( ) LEGA	AL POSTAGE (Maximum	five)	
( ) SPEC	CIAL MAILING (Maximu	m one)	
the Inmate Benef	nd that the funds for the point Fund. If I receive any nate Benefit Fund in accordance	y funds to my account,	I will be required to
INMATE/PROBATIO	ONER NAME (	GDC NUMBER	DORM
INMATE/PROBATIO	NER SIGNATURE	DATE	
SIGNATURE OF VER ************************************	TO BE COMPLETED	DATE ************************************	
DATE	MAILED TO		AMOUNT
LEGAL POSTAG	E USED:		
DATE	MAILED TO		AMOUNT
SPECIAL MAILI	NG:		
DATE	MAILED TO	AM	OUNT
XC: Mail Room Bookkeepi	E USED: ng bationer File	SIGNATURE OF MA	IL ROOM STAFF

RETENTION SCHEDULE:

Upon completion, this form will be placed in the inmate/probationer case history file.