



CITY OF GREEN COVE SPRINGS APPLICATION FOR UTILITY BILL INSERTS

ORGANIZATION NAME: _____

ORGANIZATION ADDRESS: _____ PHONE: _____

DESCRIPTION OF INSERT: _____

CONTACT NAME: _____

CONTACT'S ADDRESS: _____ PHONE: _____

CONTACT'S E-MAIL ADDRESS: _____

DATE REQUESTED TO INSERT INTO UTILITY BILLS: _____

Below rates are based on an average of 4,450 bills per month - 3 cycles per month (rates are subject to change).

Check Option		X			X	
1. Buck Slip (1/3 Page)	One-sided		B/W = .04 per sheet	Two-sided		B/W = .05 per sheet
	One-sided		Color = .05 per sheet	Two-sided		Color = .06 per sheet
2. Letter/Flyer	One-sided		B/W = .06 per sheet	Two-sided		B/W = .08 per sheet
	One-sided		Color = .08 per sheet	Two-sided		Color = .10 per sheet
3. Postage - Bulk Mail = .38 (500 or more)						

- There will be an Insert Fee of \$0.005 per sheet (Flat Rate) Fee based on 4,450 bills per month which is in addition to the above fees.
- All requests must be submitted in writing 60 days prior to the requested mailing date to meet all 3 printing deadlines. Rates will NOT be prorated. (Ex. – Mailing on Dec. 1st = Due on Oct. 1st)
- Payment must be received in full 30 days prior to the requested mailing date. (Ex. - Mailing on Dec. 1st = Due on Nov. 1st)
- A personalized invoice will be generated based upon the request submitted and the estimate provided.
- The City reserves the right to limit the number of inserts per month in the utility bills.

I have read and accept the terms and conditions stated above. The estimate due is \$_____.

Applicant Signature: _____ Date: _____

For more information contact:
Kimberly Thomas, Executive Assistant at (904) 297-7500 Ext. 3320 or kthomas@greencovesprings.com

Submit request in writing (with insert to):
City of Green Cove Springs
Attn: Kimberly Thomas
321 Walnut Street
Green Cove Springs, FL 32043