



1344 Silas Deane Hwy., Rocky Hill, CT 06067

**REQUEST FOR MAILING LABELS or RESOURCE REPORTS**

Date \_\_\_\_\_

Your Agency Name \_\_\_\_\_

Your Name or Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ Email: \_\_\_\_\_

**Reason for request** (State why you need this report. For example, if it is for a mailing, please include the purpose of the mailing)

Date needed by: \_\_\_\_\_ *(Please allow at least 10 business days. If needed before, call to make arrangements.)*

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**IS THIS A REQUEST FOR MAILING LABELS?** \_\_\_\_\_ (Labels can be hard copy or electronic.)

**OR FOR A RESOURCE LIST?** \_\_\_\_\_ (Resource lists are hard copy only.)

**IF FOR MAILING LABELS:**

1. If labels, do you prefer electronic format? \_\_\_\_\_ or hard copy labels? \_\_\_\_\_
2. If hard copy, how do you want them sorted? \_\_\_\_ Zip Order \_\_\_\_ Agency Name Order , or \_\_\_\_ City Name Order
3. \_\_\_\_ Check here if you would like to include all sites/departments of an agency. Do NOT check if you only want listings for the agencies' main sites. Asking for all sites will generate many more records.

**PLEASE GO TO THE NEXT PAGE FOR CRITERIA SELECTIONS**

## CRITERIA FOR SELECTION

1. **AGENCY TYPES:** *(Check the agency types you want included in your selection.)*

All agency types

**or:**

- |   |  |
|---|--|
| <input type="checkbox"/> Animal Protection Agencies<br><input type="checkbox"/> Area Agency on Aging<br><input type="checkbox"/> Assisted Living / Retirement /Continuing Care<br>Communities<br><input type="checkbox"/> Community Action Agencies<br><input type="checkbox"/> Elected Officials - Federal<br><input type="checkbox"/> Elected Officials - State<br><input type="checkbox"/> Family Service Agencies<br><input type="checkbox"/> Government Offices - Federal<br><input type="checkbox"/> Government Offices - Municipal | <input type="checkbox"/> Government Offices - State<br><input type="checkbox"/> Home Health Agencies<br><input type="checkbox"/> Hospitals<br><input type="checkbox"/> Nursing Homes<br><input type="checkbox"/> Private Subsidized Rent Providers<br><input type="checkbox"/> Public Housing Authorities<br><input type="checkbox"/> Public Schools<br><input type="checkbox"/> Support Groups<br><input type="checkbox"/> OTHER COMMUNITY AGENCIES NOT LISTED<br>ABOVE |
|---|--|

2. **GEOGRAPHIC AREA:** *Reports can be generated for the  whole state or  for a specific area. If you want listings for an area, list below the specific towns, counties or regions you want to target.*


3. **DO YOU WANT AGENCIES**

**LOCATED IN** *OR*  
 **SERVING THE GEOGRAPHICAL AREA SPECIFIED ABOVE?** *“Located in” will give you all agencies that are physically located in specified towns. “Serving” will give you all agencies that serve a particular town but may not be located in that town.*

4. **SERVICE CRITERIA:**

**All Service Terms** *(Check here if you do not need to target providers of specific services.)*

**Selected Service Terms:** *(If you want to generate listings for providers of SPECIFIC services, ask us for a list of our service terms, then mark the terms you want to target and fax the service term list and this form back to us.)*

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**RETURN THIS FORM TO:**

Carol Davis - Director, Information Services  
United Way of Connecticut/Infoline  
1344 Silas Deane Highway, Rocky Hill, CT 06067

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