

Mailing List Removal Request Form

NAME OF PUBLICATION RECEIVED: _____

CONTACT INFORMATION (as it appears on the address label)

NAME: _____

COMPANY: _____

ADDRESS: _____

SUITE: _____ POSTAL CODE: _____

PROVINCE / STATE: _____ COUNTRY: _____

PLEASE SPECIFY ANY ADDITIONAL PUBLICATIONS YOU WISH NOT TO RECEIVE:

Please submit this **Mailing List Removal Request Form** to tanja@perkspub.com or
Fax: (905) 697-2536.

Thank you for your information. We will tend to your Mailing List Removal Request within four weeks.