**TREATMENT PERCEPTIONS SURVEY (TPS)**

**Shipment Form – For County Administrator Use Only**

Please email this completed form to Cheryl Teruya ([cteruya@mednet.ucla.edu](mailto:cteruya@mednet.ucla.edu)). Once UCLA receives your information, we will prepare and send United Parcel Service (UPS) shipping labels and instructions to the contact person indicated below.

**County contact person:**

Name: Title:

Agency/Department:

Address:

Phone number: Email:

**Number of boxes/envelopes to be shipped**, including the size (small, medium, or large) and approximate weight of each box/envelope:

**UPS Pick up or Drop off**

Please indicate your preference:

We would like to schedule a UPS pick up on this date: . Please specify if there is a preferred time frame for pick up (e.g., 1-5 pm): .

Check if the name and address is different from the **county contact** above. Provide the new information below:

Name: Title:

Agency/Department:

Address:

Phone number: Email:

We will drop off the box(es)/package(s) at a UPS facility on this date: