



517 Jacoby Street, Suite A, San Rafael, California 94901-5383 (415) 457-3868 (415) 457-3871 (FAX)

ROUTE LIST COVER SHEET (Monthly, Bi-Monthly or Quarterly Distribution)

Publication: _____

Account #: _____

This form is for monthly, bi-monthly or quarterly publications that are distributed in racks, stores, counters, etc. If you distribute weekly, please request Verified's worksheet for weekly publications.

Please complete and attach this form to a current set of route lists and mail to Verified. This form helps us conduct successful surveys. When a survey has been conducted, we will ask you for an updated list (showing any changes to distribution locations or quantities) for the date and routes we checked.

We need this form, with your lists, at the start of each quarter. Incomplete information will delay your audits. Thanks for your help!

Checklist for your lists:

- Accurate, complete, and current (discontinued drops off, new locations on)
- Complete addresses (inc. ZIP/Postal Code)
- Contact Name (inc. phone w/ area code) at each location
- Locations listed in order of delivery
- Anticipated number of copies dropped for all locations.
- Totals for each route and grand total for issue

- Location type (rack or counter)

**Please fill out this form completely and accurately
Attach to the lists you send to Verified**

Questions? Call us at 415 457-3868 ext. 208

Your Name: _____ Phone: _____ Delivery Day Phone: _____

How often is your paper printed (monthly, twice per month, quarterly, etc.)? _____

How often do you restock after the initial drop? _____
(Please list restock routes with regular routes)

To enable us to set up surveys, please provide the anticipated delivery dates for your next three issues.

ROUTE NAME OR #	CITY, AREA, OR LOCATION	ANTICIPATED DIST. COUNT	ISSUE: _____	ISSUE: _____	ISSUE: _____
			DELIVERY DATE(S)	DELIVERY DATE(S)	DELIVERY DATE(S)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL _____

Please call if there are changes to your distribution schedule. Make additional copies of the form if needed.

THANK YOU!