VERIFIED AUDIT CIRCULATION

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

# ROUTE LIST COVER SHEET
# (Weekly or Bi-Weekly Distribution)

Publication: Account #:

This form is for weekly or bi-weekly publications that are distributed in racks, stores, counters, etc. If you publish less than two times per month, please request Verified's worksheet for monthly, bi-monthly or quarterly 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, as well as returns) 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)
- 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: _____

**Please note, we need the start and finish time for delivery and for the lists to be in delivery sequence regardless of whether delivery is handled in-house by your staff or by independent contractors.**

| ROUTE NAME OR # | CITY, AREA, OR LOCATION | DELIVERY DAY | START TIME | FINISH TIME | ANTICPATED DISTRIBUTION COUNT |
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| RESTOCKS (If not listed above) | | | | | |
| | | | | **TOTAL** | |

*Please call if there are significant changes to your distribution schedule. Make additional copies of this form as needed.*

**THANK YOU!**