Canadian Media Circulation Audit

FORM Z - SINGLE ISSUE CIRCULATION REPORT

FORM Z
MANDATORY

Newspaper _____

For the Issue of _____ Number of Pages _____

Paid Circulation		Controlled Circulation		Total Disribution	
Total Mail Subscriptions		By Mail		Total Paid	
Carriers		Carriers		Total Controlled	
Dealers		Dealers & Distributors		Total Circulation	
Counter & Street Box Sales		Street Boxes		Service / Sample Copies	
Other Paid		Counter Pickups			
Third Party Bulk Sales		Other Controlled			
Electronic					
Total Paid		Total Controlled		Subscription Drives	

Paid Mail		Other Sales		Total Distribution	
Opening Count		Counter Sales			
Plus New		Street Box Sales			
Minus Cancellations					
Total of Week's Paid Mail		Total Counter & Street Box Sales			

PAID - Complete the following or equivalent.
CONTROLLED: Attach completed and signed Form G or equivalent. Do not fill in the section below.

Circle appropriate heading for each column:
Carriers Dealers Distributors Street Box Locations

List Dealer/Distributor copies mailed through Post Office separately.
(Fill in names before copying)

Name	Draw	Return	Net
TOTALS			

Circle appropriate heading for each column:
Carriers Dealers Distributors Street Box Locations

List Dealer/Distributor copies mailed through Post Office separately.
(Fill in names before copying)

Name	Draw	Return	Net
TOTALS			