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350 NORTH MERIDIAN ROAD  
KALISPELL MT 59901-9998

First Notice 4-12  
Second Notice 4-26  
Sept 2005

Post Office Box Customer  
Re: Information Requirements

Dear Customer,

It has come to our attention that your Post Office Box application is deficient in that information has not been updated as required by the Domestic Mail Manual, 508.4.3.1 or 508.4.9.2 which box holders agree to upon signing PS 1093, application for post office box.

Please present this letter to the Office where your P.O. Box is located to remedy the deficiency. Failure to do so will result in the closure of your post office box service.

Please respond within fifteen (15) days of receipt of this notice.

Sincerely,

Postmaster

Box Number(s) \_\_\_\_\_

# Application for Post Office Box™ Service

Fill out all non-shaded fields, and take this application to the Post Office™.

1. This service is for (Required selection):  Business/Organization Use  Residential/Personal Use

2. Name of Business/Organization (if applicable): \_\_\_\_\_

3. Name of Person Applying (Last, First, MI — include title if representing a business/organization): \_\_\_\_\_

4. Address: Number, Street, Suite \_\_\_\_\_

Verify Initials

City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4® \_\_\_\_\_

5. Telephone Number (Include Area Code) \_\_\_\_\_

6. Email Address \_\_\_\_\_

7. Box Size(s) (Required) See page 1 for details  Size 1  Size 2  Size 3  Size 4  Size 5

8. Applicant must select and enter the ID Number for two items of valid identification listed below. You must present the IDs at a Post Office. One item must contain a photograph and one must be traceable to the bearer (prove your physical address). Both must be current.

**Select one photo ID:**

- Valid driver's license or state non-driver's ID card
- Armed forces, government, university, or recognized corporate ID
- Passport, passport card, alien registration card, or certificate of naturalization

**Select one non-photo ID:**

- Current lease, mortgage, or deed of trust
- Voter or vehicle registration card
- Home or vehicle insurance policy

Photo ID Number: \_\_\_\_\_

Non-Photo ID Number: \_\_\_\_\_

Verify Initials (For Post Office Use Only) \_\_\_\_\_

9. On the back of this form, list the name(s) of all individuals, including members of a business, who will be receiving mail at this (these) PO Box number(s).

10. On the back of this form, list the names of the persons or representatives of the business/organization authorized to pick up mail addressed to this (these) PO Box number(s).

**Optional Automatic Renewal Payment — Terms and Agreement (Required for 3-month payment option)**

By initialing below and establishing automatic renewal payments at a Post Office, I hereby authorize the U.S. Postal Service® (USPS®) to charge my credit card for the amount of my designated box size per USPS pricing on the scheduled interval I have selected (i.e., 3, 6, or 12 months). This charge could appear on my credit card statement as early as the 15th of the month prior to the due date. If I provided my email address, I understand that I will receive email notification at least 10 days prior to the actual credit card charge. I will also receive a payment due notice in my PO Box before the payment due date. I understand that I may cancel the automatic payment option any time after the initial application/payment process is complete during the business hours at the Post Office where my box is located. If I do not cancel by the 14th of the month prior to the next payment due date, I understand that the payment will be charged to my credit card. I understand that if the payment cannot be transacted due to incorrect or obsolete payment information or the transaction would exceed the credit limit of the account, or the bank or credit card company rejects/returns the payment request, my PO Box may be closed and any mail received after closure would be returned to the sender. If my PO Box is closed for nonpayment, I understand that I could be charged a late payment fee to reactivate my PO Box service. If there are any changes to my credit card number, billing address, or expiration date, I agree to notify the Post Office where my box is located of these changes. I understand that this agreement will remain in effect until I or USPS terminates the PO Box service. The USPS may receive updated credit card account information from the institution that issued the card identified for payment. If I decide to close my PO Box, I must visit the Post Office where my box is located during business hours. (See the PO Box refund policy for information on refunds.) The USPS may terminate my participation under this automatic payment agreement in the event I provide incorrect, false, or fraudulent account information or if I have any returned payment items.

Customer Initials \_\_\_\_\_ Billing Address (if different from address in 4 above):

Number, Street, Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4® \_\_\_\_\_

Application Date \_\_\_\_\_

Number of Keys Issued \_\_\_\_\_

Customer Eligible for No-Fee Service

Yes  No

**Signature of Applicant** (Same as item 3) I certify that all information furnished on this form is accurate, truthful, and complete. I understand that anyone who furnishes false or misleading information on this form or omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Post Office Date Stamp

