		Box Number(s)							
Application for Post Office Box <sup>™</sup> Service Fill out all non-shaded fields, and take this application to the Post Office <sup>™</sup> .									
1.	1. This service is for (Required selection): ☐ Business/Organization Use ☐ Residential/Personal Use								
2.									
3.	Name of Person Applying (Last, First, MI — include title if representing a business/organization):								
		Verify initials							
4.	Address: Number, Street, Suite								
	City			State	ZIP+	.4®			
5.	Telephone Number (Include Area Code)		6.	Email Address	3				
7.	Box Size(s) (Required) See page 1 for details	X Size 1 ☐ Size 2		☐ Size 3	☐ Size 4	☐ Size	5		
8.	Applicant must select and enter the ID Number for two separate forms 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:			Select one non-photo ID:					
	☐ Valid U.S. driver's license or state non-driver's ID card			☐ Current lease, mortgage, or deed of trust					
	☐ U.S. Armed forces, government, university, or recognized corporate employee ID			☐ Voter or vehicle registration card					
	$oldsymbol{\square}$ Passport, passport card, alien registration card, or certificate of naturalization			☐ Home or vehicle insurance policy					
	☐ NEXUS or Matricular Consular card								
	Photo ID Number:			Non-Photo II	Number: _			<del></del>	
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 <i>back of this form</i> , 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 po									
Customer Initials Billing Address (if different from address in 4 above):									
Number, Street, Suite									
City State ZIP+4®									
App	olication Date Number of K	eys Customer Eligible for	No-F	ee Service					
	lssued	\ \ \ \ 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									

## **Application for Post Office Box™ Service**

The Postal Service<sup>™</sup> may consider it valid evidence that a person is authorized to remove mail from the box if that person possesses a key or combination to the box.

11. Names of individuals (including members of a business) who will be receiving mail at this (these) PO Box number(s) are listed below.  a. Residential/Personal Use – Each adult listed must present two forms of valid identification to the Post Office.  b. Business/Organization Use – Each person listed must, upon request, present two forms of valid identification to the Post Office.  A parent or guardian may receive the mail of minors by listing their names (no ID is required).	12. Persons or representatives of the business/organization who are authorized to pick up mail addressed to this (these) PO Box number(s) are listed below. All names listed must have verifiable ID and upon request, present this identification to the Postal Service.
Verify initials (for Post Office Use Only)	Verify initials (for Post Office Use Only)

**Privacy Act Statement:** Your information will be used to provide Post Office Box<sup>TM</sup> service. Collection is authorized by 39 U.S.C. 401, 403, 404, 407, and 411; 22 U.S.C. 214: 31 U.S.C. 7701.

Supplying your information is voluntary, but if not provided, we may not be able to provide this service to you. We do not disclose your information to third parties without your consent, except to act on your behalf or request, or as legally required. This includes the following limited circumstances: to a congressional office on your behalf; to agencies and entities to facilitate or resolve financial transactions; to a U.S. Postal Service® auditor; for law enforcement purposes, to labor organizations as required by applicable law;

incident to legal proceedings involving the Postal Service; to government agencies in connection with decisions as necessary; to agents or contractors when necessary to fulfill a business function or provide products and services to customers; for customer service purposes; to a federal, state, or local government agency for the performance of its duties; to a person empowered to serve legal process; and to a foreign government agency for violations and alleged violations of law. Information concerning an individual box holder who has filed a protective court order with the postmaster will not be disclosed except pursuant to court order. For more information regarding our privacy policies visit www.usps.com/privacypolicy.

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