

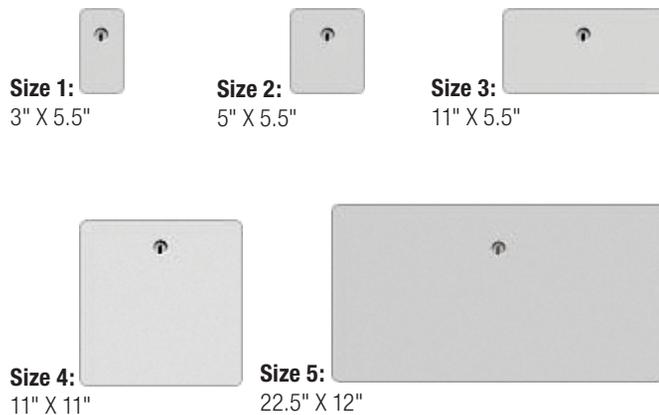
# HOW TO APPLY FOR A PO BOX

Many people have discovered that Post Office Box™ service is a safe, convenient way to receive their mail. Learn all about PO Box™ service on the first two pages of this form. Then, decide whether to apply online or at a Post Office™.

## SELECT A PO BOX SIZE

Across the U.S., Postal Service™ PO Boxes are available in five sizes. However, not all Post Office locations have every size. Be sure to select the right size for your mail volume and schedule.

Our smallest box (Size 1) fits 10–15 letter-sized envelopes or up to two rolled magazines. Start with a Size 2 box if you receive more than 15 mailpieces a week. Size 3, 4, or 5 is recommended if you receive magazines and catalogs.



It's easy to find a box that's right for you. Find an available PO Box by going to [www.yourotheraddress.com](http://www.yourotheraddress.com).

If you need more room than our largest box provides, ask at your local Post Office about Business Mail Pickup (Caller) Service.

## FEES

To find a PO Box in your area and get fee information, visit [www.yourotheraddress.com](http://www.yourotheraddress.com). You may pay your initial PO Box fees online or at a Post Office.

## THERE ARE TWO SIMPLE WAYS TO APPLY

**Apply online:** Complete the online application at [www.usps.com/poboxes](http://www.usps.com/poboxes) and make your first payment with a credit or debit card. (Online registration is not available for Business Mail Pickup (Caller) Service or Qualifying No-Fee box customers.)

**Apply at a Post Office:** Complete pages 3 and 4 and take this whole form to a Post Office most convenient for you. Once we verify your information and receive your payment, we will provide your PO Box address and begin your service.

## ID REQUIRED

Whether you apply online or at a Post Office, **two valid forms of identification** are required when you obtain your keys or combination at the Post Office where your box is located. 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. Acceptable forms of ID include:

### Photo ID Options:

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

### Non-Photo ID Options:

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

**Note:** Social Security cards, credit cards, and birth certificates are not acceptable forms of ID.

## RENEWAL PAYMENTS

Renewal payments are due the last day of the month your service period ends. If your payment is late, you will not be able to access the mail in your box. After 10 days of nonpayment, we remove the mail, treat it as undeliverable, and close your box. You may also incur a late payment fee. Note that closed PO Boxes are available for new customers immediately, so late payment can lead to loss of your PO Box address. You may renew your PO Box online, at a Post Office, by mail, or at an Automated Postal Center® (APC®). It is your responsibility to pay your renewal fee on time. Convenient payment options are:

**Pay online:** Use a valid credit or debit card to make a one-time payment or set up automatic renewal payments at [www.usps.com/poboxes](http://www.usps.com/poboxes).

**Pay in person:** Pay at the Post Office where your PO Box is located using cash, check, credit card, or debit card, or set up automatic renewal payments (available at most Post Offices). Automatic renewal payment is required for 3-month payment option.

**Pay at any Automated Postal Center (APC):** Find an APC at [www.usps.com/locator](http://www.usps.com/locator) or by downloading the mobile application at [www.usps.com/mobile](http://www.usps.com/mobile).

**Pay by mail:** Send a check or money order (payable to "U.S. Postal Service") to the postmaster, city, state, and ZIP Code™ where your PO Box is located. Payments by mail must be received by the due date. (Do not send cash by mail.)

## TERMS OF SERVICE

The terms of service are defined exclusively by postal regulations. You may not use PO Box service just to avoid paying forwarding charges or for any purpose prohibited by law or Postal Service regulations. We will immediately terminate PO Box service if used for any unlawful purpose. PO Box service may be provided to minors (unless parents or guardians submit a written objection to the postmaster).

## UPDATING YOUR INFORMATION

The information on your PS Form 1093 must always be current. As soon as any information changes (such as your street address, telephone number, or email address), you are responsible for updating the information. Failure to update your information may result in termination of service. We keep the form on file at the Post Office where you use the service.

## ACCUMULATED MAIL

We encourage you to empty your box regularly. You can make a special arrangement with the postmaster if you are not able to pick up your mail. Complete PS Form 8076, *Authorization to Hold Mail*, or create your request online at *usps.com*, and we'll take care of it. Hold Mail orders are good for only 30 days. If the volume of your incoming mail repeatedly exceeds the capacity of the box you are using, we may require that you use Business Pickup (Caller) Service, change to a larger box (and pay the applicable fees), or apply for one or more additional boxes. Your service may also be suspended. You may also request **Premium Forwarding Service**® to have your mail shipped to you by Priority Mail® service once a week for a small fee.

## CHANGE OF ADDRESS

If you choose to discontinue your PO Box service, please complete a change of address form found in the Mover's Guide® available by request from our retail associates or on our website at *www.usps.com/moversguide*. If you use the change of address form, give it to a retail associate or your letter carrier. You may also mail the form to your Post Office. File change of address orders as follows:

**No-Fee PO Boxes:** The PO Box customer or any other person listed on the PS Form 1093 may file an individual change of address order. Only the box customer may file a change of address order for an entire family.

**All other PO Boxes:** Only the box customer who signs the PS Form 1093 may file change of address orders. Forwarding of mail for other persons receiving mail at the box is the responsibility of the box customer.

## PO BOX KEYS

Two keys are issued for key-type PO Boxes. An access code is provided for combination lock-type PO Boxes. At most locations, a refundable deposit is required for each key. If needed, you can obtain additional keys (and pay the applicable fee and deposit). Whenever your box service terminates, return all keys to the Postal Service for a refund of the deposit. Customers must not duplicate PO Box keys.

## PO BOX REFUNDS

Once you have begun using your PO Box, you may request a refund at the Post Office where your box is located. Fees are refunded as follows:

### 3-Month Payments (automatic renewal required):

No refunds

### 6-Month Payments:

Within the first 3 months – ½ the fee paid

After 3 months – no refunds

### 12-Month Payments:

Within the first 3 months – ¾ the fee paid

Within the first 6 months – ½ the fee paid

Within the first 9 months – ¼ the fee paid

After 9 months – no refunds

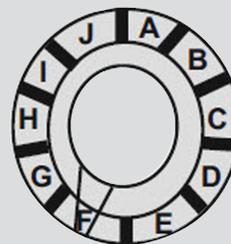
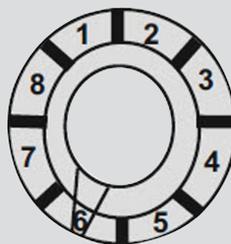
## BOX SERVICE ADDRESS

We deliver to your PO Box address as printed on your mail, so be sure to provide correct and current address information to your correspondents.

Your PO Box number should appear on a separate line, followed by the Post Office's city, state, and ZIP+4®. When we assign your box number, we will provide the corresponding ZIP+4 code.

### For Official Use: Completed by the Postal Service

YOUR NEW BOX NUMBER IS																			
CITY																			
STATE																			
YOUR ZIP+4® IS																			



### HOW TO USE THE COMBINATION LOCK

1. Clear the dial by turning **RIGHT** three times and stop on \_\_\_\_\_
2. Turn **LEFT** and stop the second time around on \_\_\_\_\_
3. Turn **RIGHT** and stop on \_\_\_\_\_
4. Turn the latch key **LEFT** to open

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

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

**Select one non-photo ID:**

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

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

