United States Postal Service[®] Application for Delivery of Mail Through Agent See Privacy Act Statement on Reverse

In consideration of delivery of my or our (firm) mail to the agent name the agent must not file a change of address order with the Postal Sectorarise of mail to another address is the responsibility of the address authorization must be prepaid with new postage when redeposited in the addresses to which the agency transfer mail; and 5) values and a sector of the addresses of most like a evised application with the or none. The applicant must execute this form in duplicate in the pres- public. The agent provides the original completed signed PS Form 1 copy at the CMRA business location. The CMRA copy of PS Form P postmaster (or designee) and the Postal Inspection Service. The address and regulations relative to delivery of mail through an a mail from delivery until corrective action is taken.	ervice [™] upon termination of the agency see and the agent; (3) all mail delivered in the mails; (4) upon request the agent ion and incomation required on this for once cial. 4ail Feceivin, Anercy (CM ence of the agent, ris or ner authorized 583 to the Postal Service and retains a PS 1583 must at all times be available f dressee and the agent agree to comply agent. Failure to comply will subject the	 relationship; (2) the d to the agency under this must provide to the Postal m charges or becomes A) cemployee, or a notary a duplicate completed signed for examination by the with all applicable Postal a agency to withholding of 		
business at the home or business address listed in boxes 7 or 10, a	nd that the identification listed in box 8	is valid.		
2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate	3a.Address to be Used for Delivery (Include 304 S Jones Blvd #000		_	
box.)	3b. City	3c. State 3d. ZIP + 4®		
Janey Doe	Las Vegas	NV ▼ 89107-0000		
4. Applicant authorizes delivery to and in care of:	 This authorization is extended to include undersigned(a); 	e restricted delivery mail for the	_	
T. Applicant autionzes delivery to and in care of.	undersigned(s):			
a. Name				
PhysicalAddress.com				
b. Address (No., street, apt./ste. no.) 304 S Jones Blvd				
c. City d. State e. ZIP + 4	-			
Las Vegas NV - 89107-0000			USPS requires	
6. Name of Applicant	7a. Applicant Home Address (No., street, a	apt./ste. no)	·	
Janey Doe	12345 Main St.		fields 7a-7e to	
8. Two types of identification are required. One must contain a photograph of	7b. City	/c. State //u. Zir + 4	be completed	
the addressee(s). Social Security cards, credit cards, and birth certificates	Anytown	NV - 10001-0000		
are unacceptable as identification. The agent must write in identifying	•			
information. Subject to verification.	7e. Applicant Telephone Number (Include a			
a. Notary must enter type of ID and ID number	(555) 555-5555			
Example: Florida Drivers License D-123-456-78-910-0	9. Name of Firm or Corporation			
b.	10a. Business Address (No., street, apt./st	te. no)		
Second type of ID must contain address or photo				
	10b. City	10c. State 10d. ZIP + 4	-	
		NV 🕶		
able identification includes: valid driver's license or state non-driver's	10e. Business Telephone Number (Include	e area code)	_	
Atification card; armed forces, government, university, or recognized				
naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your	11. Type of Business			
registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.				
identification may be retained by agent for venileation.				
If applicant is a firm, name each member whose mail is to be delivered. (All of minors receiving mail at their delivery address.)	I names listed must have verifiable identificat	tion. A guardian must list the names	_	
Enter any additional business names or names of approved persons	who will be using this address as well			
Enter any additional business names of names of approved persons	who will be using this address as well.			
to K - CODDODATION, Observer and Addresses of the Officers				
 If a CORPORATION, Give Names and Addresses of Its Officers 	 If business name (corporation or trade name of county and state, and date of 			
	name of county and state, and date of	registration.		
Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and				
imprisonment) and/or civil sanctions (including multiple damages and civil penalties).				
15. Signature of Agent/Notary Public	16. Signature of Applicant (If firm or corpor	ration application must be signed	_	
	by officer. Show title.)	adon, application must be signed		

					_
	In consideration of delivery of my or our (firm) mail to the agent name the agent must not file a change of address order with the Postal Se transfer of mail to another address is the responsibility of the address authorization must be prepaid with new postage when redeposited in ornce all addresses to which the agency transfer and (; and 5) value cellet the address eest must all a evised upplication with the a NOTE . The applicant must execute runs form in duplicate in the pres- public. The agent provides the original completed signed PS Form 1 copy at the CMRA business location. The CMRA copy of PS Form P postmaster (or designee) and the Postal Inspection Service. The address service rules and regulations relative to delivery of mail through an a mail from delivery until corrective action is taken.	ervice [™] upon termination of the agency re- issee and the agent; (3) all mail delivered to in the mails; (4) upon request the agent mail on any incomation required on this form on accial. 4ail Feceiving A reacy (CM A ence of the agent, ms or ner authorized e 583 to the Postal Service and retains a d PS 1583 must at all times be available for dressee and the agent agree to comply w agent. Failure to comply will subject the a	elationship; (2) to to the agency up ust provide to the charges or bed (A) employee, or a r luplicate complete examination by with all applicable gency to withho resides or cond	the nder this he Postal comes hotary eted signed the le Postal olding of	
	business at the home or business address listed in boxes 7 or 10, and	nd that the identification listed in box 8 is	valid.		
	2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate	3a.Address to be Used for Delivery (Include F 304 S Jones Blvd #000			
	box.)	3b. City	3c. State 3d. ZI	P + 4®	
	Janey Doe	Las Vegas	NV 🔻 8	9107-0000	
	4. Applicant authorizes delivery to and in care of:	 This authorization is extended to include re undersigned(s): 	estricted delivery r	mail for the	-
	a. Name	-			
	b. Address (No., 2004 C. Janas Dhud				
	street, apt./ste. no.) 304 S Jones Blvd	_			
	c. City d. State e. ZIP + 4				
	Las Vegas NV - 89107-0000				USPS requires
	6. Name of Applicant	7a. Applicant Home Address (No., street, apt.	./ste. no)		fields 7a-7e to
	Janey Doe	12345 Main St.			
	8. Two types of identification are required. One must contain a photograph of	7b. City	/c. State //u. Zi	F 7 4	be completed
	the addressee(s). Social Security cards, credit cards, and birth certificates	Anytown		0001-0000	
	are unacceptable as identification. The agent must write in identifying	-			
	information. Subject to verification.	7e. Applicant Telephone Number (Include area code)			
	a. Notary must enter type of ID and ID number	(555) 555-55	555		
	Example: Florida Drivers License D-123-456-78-910-0	9. Name of Firm or Corporation			
	b.	10a. Business Address (No., street, apt./ste.	no)		
	Second type of ID must contain address or photo	10b City	10a State 10d 7		L
		10b. City	10c. State 10d. Z	JF + 4	
	able identification includes: valid driverte license er state non driverte		NV 🔻		
	able identification includes: valid driver's license or state non-driver's dification card; armed forces, government, university, or recognized	10e. Business Telephone Number (Include al	rea code)		
	corporate identification card; passport, alien registration card or certificate of				
	naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your	11. Type of Business			-
	identification may be retained by agent for verification.				
					_
	If applicant is a firm, name each member whose mail is to be delivered. (All of minors receiving mail at their delivery address.)	I names listed must have verifiable identification	n. A guardian mu	st list the names	_
	Enter any additional business names or names of approved persons a	who will be using this address on well			
	Enter any additional business names or names of approved persons	who will be using this address as well.			
	If a CORPORATION, Give Names and Addresses of Its Officers	14. If business name (corporation or trade na		gistered, give	
		name of county and state, and date of reg	gistration.		
-					L
	Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).				
	15. Signature of Agent/Notary Public	16. Signature of Applicant (If firm or corporati	ion, application m	ust be signed	-
		by officer. Show title.)		-	

USPS will also accept a

Utility Bill or Lease

Agreement as well as the

other documents listed

one of these must match

your address in 7a.

here. The address on

1. Date	1.	Date
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07/02/22

This form on Internet at www.usps.com®