B.R.C.P.O. CHANGE-OF-ADDRESS FORM

Form 624Z87M-A

BLACK ROCK CITY POST OFFICE CHANGE-OF-ADDRESS FORM

(For use by Black Rock City Post Office customers and others as explained in instructions. Please read instructions carefully before completing this form. Type or print clearly using black ballpoint pen.)

Part I Vital Information	
1. Name -	6. Nsw Name
2. Name of Spouse -	7. New Spouse >
3. Old Address	8. New Address
4. Cily ►State ►	9. Cîty▶ State ▶
Zip 🗍 🔲 🖂 🖂	Zip 🗆 🗆 🗆 🗀
5. Old Telephane 🟲	10. New Te¦aphone ►
Part II Personal Information	
11. Are you 🏻 Male 🔛 Female 📋 Sol	ber Single Eager to scrog a postal employee
12. Is change of address for Individual	☐ Entire Family ☐ Firm ☐ Pet ☐ Penis
	Fallout Shelter Commune Launderette
. – –	tom-made Shirts Burberry Raincoat
☐ Winglip Shoes ☐ Oth	er (itemize)
Part III Dates	N 183
16. Moving date (must be within 6 weeks of filing t	oving date)
	manths)
18. Total dates (add lines 15 through 17)	
Part IV Other	
19. I agree to pay any forwarding charges incurred	d by the B.R.C.P.O. 🗍 yes
20. I authorize the deduction of charges from my:	savings checking paycheck trust fund piggy bank Soul
21. Total dental expenses in past 12 months	\$
Part V Signature of Individual Applicant	t .
22. X	
23. Signature of neighbor	Service Control of the Control of th

Please fill out this form in red ink only, and return it to the B.R.C.P.O. in good condition. Thank you!