



Authorization to Hold Mail

NOTE: Complete and give to your letter carrier or mail to the post office that delivers your mail.



We can hold your mail for a minimum of **3**, but not for more than **30 days**.

Postmaster: Please hold mail for:

Name(s)		<input type="checkbox"/> A. Please deliver all accumulated mail and resume normal delivery on the ending date shown below.
Address (Number, street, apt./suite no., city, state, ZIP + 4)		
Beginning Date	Ending Date (May only be changed by the customer in writing)	<input type="checkbox"/> B. I will pick up all accumulated mail when I return and understand that mail delivery will not resume until I do.
		Customer Signature

For Post Office Use Only

Date Received		
Clerk	Bin Number	
Carrier	Route Number	
<i>(Complete this section only if customer selected option B)</i>		
<input type="checkbox"/> Accumulated mail has been picked up.	Resume Delivery of Mail (Date)	By

PS Form **8076**, April 2001