

**AGENCY
LETTERHEAD**

TO: Postmaster

Agency Control No. _____

(City, State & Zip Code) _____

Date: _____

ADDRESS INFORMATION REQUEST

Please furnish this agency with the new address, if available, for the following individual or verify whether or not the address given below is one at which mail for this individual is currently being delivered. If the following address is a post office box, please furnish the street address as recorded on the boxholder's application form.

Name: _____

Last Known Address: _____

I certify that the address information for this individual is required for the performance of this agency's official duties.

(Signature of Agency Official)

(Title)

FOR POST OFFICE USE ONLY

[] MAIL IS DELIVERED TO ADDRESS GIVEN

NEW ADDRESS

[] NOT KNOWN AT ADDRESS GIVEN

[] MOVED, LEFT NO FORWARDING ADDRESS

BOXHOLDER'S STREET ADDRESS

[] NO SUCH ADDRESS

[] OTHER (SPECIFY): _____

Agency return address

Postmark/Date Stamp