

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 |

(Complete this section only if customer selected option B)

| | | |
|---|--------------------------------|----|
| <input type="checkbox"/> Accumulated mail has been picked up. | Resume Delivery of Mail (Date) | By |
|---|--------------------------------|----|