

ESCAPEES MAIL SERVICE RATES

Category A Total \$210

Category C Requests special mail sor please call for more infor	•
Annual fee Postage deposit Enrollment fee Cancellation fee	\$50 \$15
Category C Total	\$250

Package & Certified Fees:

Certified.....

001 01100	Φ., Ο
Packages	\$1.00
Oversized packages	
(any side > 30")	\$5.00
Package Storage Fees:	
After 30 days	\$5.00

Per 30 days after 60 days...... \$10.00

.\$.75

BUSINESS RATES AVAILABLE UPON REQUEST: *If you have a business and would like to receive your business mail through Escapees Mail Service, you MUST call for approval. If you will be receiving final mail for a closed business, please include the business name. If you are going to receive mail addressed to a business name or someone other than yourself or spouse, you must call in for prior approval. You must complete a separate 1583 for each business.

List all names, middle names, former names, maiden names, nicknames, initials, and business names* that might appear on your mail
With proper documentation, also please list, POA, Deceased, Trust etc.
You must be a member of Escapees RV Club to join the Escapees Mail Service. You cannot join the Escapees Mail Service at the Florida or South Dakota locations. Please contact Escapees Mail Service at 936-327-8873 or mailservice@escapeesmailservice.com.
SPECIAL NOTE: Category "A" must receive all mail.

Note: We will continue our policy of forwarding third-class mail that appears to be important, all other mail will be discarded.



☐ First-class only

☐ Catalogs

Scanning Service Option (First class envelopes only):

☐ Newsletters

☐ Newspapers

If you are interested in mail scanning please call for additional information. \$10 monthly or \$100 yearly option - \$.50 per page for scanning content of envelope.

☐ Advertisements

☐ Travel Guide/Directories

We are unable to accept or forward the following items:

☐ Nonprofit

☐ Magazines

· Perishables · Refrigerated · Hazardous · Liquids · Alcohol · Ammunition · Firearms · Tobacco

Category "B" and "C" members only: Check the classes of mail you want forwarded:



ESCAPEES MAIL SERVICE AGREEMENT

Member name(s):	PMB:
Phone #:	SKP #:
Email:	Date processed:

YOU MUST CONTACT US TO START YOUR MAIL SCHEDULE

Terms & Conditions

- 1. This Agreement is made and entered into between Nomad Mail Co. (DBA Escapees Mail Service) and the Member under the terms set forth herein.
- 2. Each individual or entity must complete a separate U.S. Postal Service Form 1583 to be authorized to receive mail or packages at Escapees Mail Service. Photocopies of the identification must be included.
- 3. This Agreement, Form 1583 and your address shall remain confidential; however, this information may be disclosed upon request of any law enforcement or other governmental agency, or when legally mandated.
- 4. Member agrees to complete all necessary documents, including Form 1583 and any required acknowledge form relating to service of process. Member further agrees to submit a notarized, updated version of Form 1583, upon request, if any information contained therein changes or expires.
- 5. Member agrees to keep a minimum of \$25 in their postage account. If the account has a negative balance, Escapees Mail Service may suspend service until account is brought current and/or terminate service at its sole discretion.
- 6. Upon expiration, cancellation, or termination of this Agreement, Escapees Mail Service will:
 - a. Forward Member's first-class mail for six (6) months, provided Member pays the postage in advance and supplies a forwarding address. Post Office will not accept a change of address order.
 - b. Discard or destroy any "Unsolicited Mail," e.g., bulk mail, catalogs, etc., delivered to Escapees Mail Service.
 - c. If a member fails or refuses to provide a forwarding address, then his or her mail may be held for up to six months and then returned to sender
- 7. Six (6) months after the expiration, cancellation, or termination of this Agreement, Escapees Mail Service will refund any unused postage. Escapees Mail Service will return to sender any first-class mail or packages addressed and delivered to the Escapees Mail Service.
- 8. Member agrees that all other fees are non-refundable.
- 9. All Escapees Mail Service accounts with multiple owners are held as joint tenants with rights of survivorship.
- 10. Member agrees that items remaining after 6 months (or 30 days after notice is sent by Escapees Mail Service to Member to remove such items) shall be considered abandoned. Member agrees that Escapees Mail Service at its sole discretion may dispose of any items not picked up or mailed after such time, without any compensation or obligation to Member whatsoever. Member releases Escapees Mail Service from any claims or damages whatsoever from such disposition. Further, Escapees Mail Service may reject, or if accepted, advise Member to remove heavy, oversized, unwieldy or large items, and Member shall do so within 30 days of such notice or be charged a storage fee determined by Escapees Mail Service.
- 11. The Postal or Escapees Mail Service may return mail without a proper address, endorsed "Undeliverable as Addressed."
- 12. A PMB may not be used for, or in connection with, a scheme or enterprise that violates any federal, state, or local law. See www.federalregister.gov/d/2023-10536/p-35
- 13. THESE TERMS AND CONDITIONS ARE CHANGEABLE AT ANY TIME AT THE SOLE DISCRETION OF ESCAPEES MAIL SERVICES.

Disclaimer and Waiver of Damages: Escapees Mail Service shall have no liability for damages, direct, indirect, consequential or otherwise to any person, authorized agent, organization, or institution as a result of the use of this service, and Member waives and releases all such claims for damages. Notwithstanding such, Member agrees that Escapees Mail Service's maximum liability, if any shall not exceed \$25, irrespective of any claim or category, including attorney's fees. THIS AGREEMENT IS GOVERNED BY TEXAS LAW AND EXCLUSIVE JURISDICTION AND VENUE RELATING IN ANY WAY TO THIS AGREEMENT, INCLUDING DISPUTES, SHALL LIE SOLELY IN SAN ANTONIO, BEXAR COUNTY, TEXAS.

Acknowledgement: I have read and agree to the terms and conditions of this contract.

Signature of Owner	Date	Signature of Owner	Date
EMERGENCY RECO	ORD INFORMATION SHEET In (Case Of Emergency, Please Notify: (Do Not I	List Account Holders)
Name:	Phone:	Relationship	1:
Name:	Phone:	Relationship	1:
In the event of member's death or intion if provided will supersede this.	capacity, I authorize the following person	n as my authorized agent for purposes of this agr	eement; however, legal documenta-
Name:	Phone:	Relationship	1:
Escapees Mail Service will release y	our location to law enforcement pers	onnel with proper documentation.	
Mail Service to charge my credit card ☐ Category A—\$210 ☐ Categ	\$49.95, the cost of a one-year member gory B—\$230	-\$250 Scanning Service — 🔲 \$10 Monthly, 🖸	•
Method of payment: Check #:	Credit Card:	VISA (1)	
 Card #	Exp. Date	Signature As it Appears on Cre	edit Card



ESCAPEES MAIL SERVICE HOME: FLORIDA AGREEMENT

	I elect to use Escapees Mail Service HOMI	E as an additional (optional) Escapees Mail Service benefit.
	I understand that my mailing address will 101 Rainbow Dr, # Livingston, TX 77399	be:
	But that I may use the following address a driver license and voter registrations: Sumter Oaks RV Park 4602 County Rd. 673, Bushnell, FL 33513	as my physical address for state-specific documents such as
	I understand that when any mail comes di Escapees Mail Service for processing acco	rectly to Sumter Oaks RV Park, my mail will be forwarded to ording to my instructions.
	I understand that use of the Sumter Oaks that I will pay \$1 for each piece of mail tha	address does not require an additional mailbox rental fee, but at the park forwards for me.
	ment. I agree to abide by all of the terms of contained in this agreement. I agree that	s a written modification to the Escapees Mail Service Agree- of the Escapees Mail Service Agreement and with the terms if one of the terms of the Escapees Mail Service Agreement, nvalid, the void or invalid term shall not impair the rest of the
	·	ges delivered to this address. I also, understand that this icile-related mail. Packages sent to this address will incur
	I understand that I cannot pick up mail at	this location.
	Packages or items received that	are overweight or oversized will be returned to sender.
Escapees Ma	il Service Member Signature	Escapees Mail Service Member Signature



100 Rainbow Drive, Livingston, Texas 77399 • 936-327-8873 • Fax 936-327-4388 • www.escapeesmailservice.com

Thank you for applying to Escapees Mail Service!

The Escapees Mail Service is a licensed commercial mail receiving agency (CMRA) and must abide by U.S. Postal Service regulations.

In order to be issued an address with Escapees Mail Service, postal regulations require that we have a completed Postal Service form 1583 for each person and/or business for whom we are receiving mail.

Each form must have a notarized signature of the person making application, plus photocopies of two forms of identification, see 1583 for acceptable forms of identification. If you are applying for the mail service while at Escapees Mail Service in Livingston, Texas, a notary is not required.

Once Escapees Mail Service has issued your unique address that includes your PMB number (personal mail box number), you can then submit a change of address with the <u>United States Postal Service</u> (USPS).

We have attached Postal Forms 1583, along with instructions. Please return them promptly, along with the mail service agreement, so we may issue your unique address. If you have any questions, please call 936-327-8873.

Thank you. Escapees Mail Service



INSTRUCTIONS FOR COMPLETING POSTAL FORM #1583

THIS IS NOT AN ADDRESS CHANGE FORM

The following numbers correspond to the numbered items on the form 1583.

Box 1	Internal Use Only
Box 2	Internal Use Only
Вох З	Select Business/Organization Use (See Footnote 2) or Residential/Personal Use (See Footnote 3)
Box 4	EACH APPLICANT (INCLUDING SPOUSES) MUST COMPLETE A SEPARATE 1583 Name of applicant. Name must match ID in Box 8e Address of applicant (See Footnotes 1 & 4) Address must match ID in Box 9g Is applicant a court-ordered protected individual? If yes, attach copy of the court order.
Box 5	DO NOT LIST APPLICANT INFORMATION IN THIS SECTION (See footnote 5) Authorized individual (a person who is authorized to pick up mail for the pmb holder/applicant) Authorized individual must also complete sections 10 & 11 Complete all fields/boxes
Box 6	Internal Use Only
Box 7	Applicant Business Name and address (See Footnote 1) Separate 1583 form for each business Complete all field/boxes Place of registration (See Footnote 8)
Box 8	Photo ID for applicant (See Footnote 9) 8e photo ID type (See Footnote 10)
Box 9	Address ID for applicant (See Footnote 11) CAN'T BE THE SAME AS ID IN BOX 8 Address must match ID in Box 9g 9g Address ID type (See Footnote 10)
Box 10	Section 10 should only be completed if you have an Authorized individual listed in Box 5. (See Footnotes 9 & 12)
Box 11	Section 11 should only be completed if you have an Authorized individual listed in Box 5. (See Footnotes 11 & 1)
Box 12	List names of minor children receiving mail (See Footnote 13)
Box 13	DO NOT SIGN UNTIL YOU APPEAR BEFORE A NOTARY OR YOU ARE APPLYING IN PERSON AT ESCAPEES MAIL SERVICE IN LIVINGSTON, TEXAS
Box 14	Escapees employee will sign here.
Page 2	Notary will sign here.



Application for Delivery of Mail Through Agent

See Reverse for Instructions, De	efinitions, <i>i</i>	Agreement	t Terms, and	the Privacy Act Statement.				
Private Mailbox (PMB) Information 1a. Date PMB Opened	1b. Date PME	3 Closed		8. Photo ID Information for Applicant ⁹ 8a. Applicant's Name 8b. Applicant's ID Number				
Internal Use Only	Interna	l Use Or	nly	Footnote 9 - Two types of identification are required for the The second must confirm the Applicant's address listed on items 8e and 10e. Attach a copy of the photo and address	Applicant. One ID must be a this form. The acceptable type	government-issued photo ID.		
2. Commercial Mail Receiving Agency (CM	RA) Place of E			8c. Issuing Entity	8d. Expiration Date	on the ID		
2a. Street Address to be Used for Delivery ¹ 101 Rainbow Dr.			PMB # rnal Use Only					
2c. City	2d. State	2e. ZIP + 4	4®	8e. Photo ID type (check one) See Footnot	te 10 you	and the very Driver Liesans		
Livingston	TX	77399)	U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹⁰ can only be used as one form of ID				
Footnote 3-	For Residential/F	Personal use. Cor	mplete a separate	☐ Uniformed Service ID ☐ Passport	☐ Certifica	te of Naturalization		
3. Type of Service Requested PS Form 15	583 for each adul ntial/Personal U	t using this PMB.		☐ U.S. Access Card ☐ Matricula C☐ U.S. University ID Card ☐ NEXUS Car	oou.u. —	rmanent Resident Card		
4. Name of Applicant				9. Address ID Information for Applicant ¹¹	Footnote 11 - The a	cceptable types of address		
4a. Last Name 4b. First N		4c. ľ	Middle Initial	9a. Applicant's Name		d in items 9g and 11g. Attach and address ID documents.		
Each Applicant (Including spouses) mus	· · · · · · · · · · · · · · · · · · ·	concrete 15	00	Same as #4				
4d. Telephone Number (include area code)	4e. Email Add		03	9b. Applicant's Street Home Address ¹	Footnote 1	Include house number, street		
				MUST MATCH ADDRESS ON I.D. (BO		ent/suite number if applicable.		
4f. Applicant's Street Home Address ^{1,4}	Footnotes 1. In	clude house num	nber, street, and	9c. City	9d. State 9e. Z	P + 4 9f. Country		
MUST MATCH ADDRESS ON I.D. (Box 9g)		number if applic cument provided	cable. 4. Address in item 9b.					
4g. City	4h. State	4i. ZIP + 4	4j. Country	9g. Address ID type (check one) — Must Cont				
				☐ U.S. State/Territory/Tribal Driver's or Nor	ndriver's ID Card ¹⁰	See Footnote 10		
4k. Is applicant a court-ordered protected in	│ dividual? ☐	<u> </u> Yes □ 1	No.	I .	Home or Vehicle Insur			
If "Yes", you must attach a copy of the co		165 🔲 1	NO .	☐ Mortgage or Deed of Trust ☐ \ You can't use your Driver License as a Photo ID and as t	ehicle Registration C he Address ID. It can only b			
5. Authorized Individual ⁵ 5a. Last Name 5b. First N	ame	5c. l	Middle Initial	10. Photo ID Information for Authorized Inc 10a. Authorized Individual's Name)9		
Footnote 5. The Applicant authorizes mail to	be collected b	y the		Footnote 9 - Two types of identification are requi	ed for the Authorized Indiv	ridual. One ID must be a		
individual noted in item 5.				government-issued photo ID. The second must confirm acceptable types of photo ID are listed in items 8e and 1	0e. Attach a copy of the ph	oto and address ID documents.		
5d. Telephone Number (include area code) 5e. Email Address				10c. Issuing Entity	10b. Expiration Date	e on the ID		
5f. Authorized Individual's Street Home Address ^{1,6}			10e. Photo ID type (check one) See Foo	tnote 12				
				U.S. State/Territory/Tribal Driver's or No				
5g. City	5h. State	5i. ZIP + 4	5j. Country	☐ Uniformed Service ID ☐ Passport ☐ U.S. Access Card ☐ Matricula 0		te of Naturalization manent Resident Card		
				☐ U.S. University ID Card ☐ NEXUS Ca		manoni ricoldoni card		
6. If Transferring PMB Mail to Another Add	ress ⁷			11. Address ID Information for Authorized	ndividual (if applicat	ole) ¹¹		
6a. Street Address Mail Is Transferred To ¹				11a. Authorized Individual's Name		,		
Internal Use Only	l a a	1		Footnote 11 - The acceptable types of addr Attach a copy of the photo	and address ID docu			
6b. City	6c. State	6d. ZIP + 4	6e. Country	11b. Authorized Individual's Street Home Add				
				Footnote 1 - Include house number, street	, and apartment/suit	e number if applicable.		
6f. Telephone Number (include area code)	6g. Email Add	dress		11c. City	11d. State 11e. 2	ZIP + 4 11f. Country		
7. Business/Organization Information				11g. Address ID type (check one) — Must Co	ntain the Address in 1	1b-11f		
7a. Name of Business/Organization	7	b. Type of Bus	iness	☐ U.S. State/Territory/Tribal Driver's or Nor	ndriver's ID Card ¹⁰ S	ee Footnote 12		
If you have a business you must o	complete a	separate 1	1583.	I .	Home or Vehicle Insur /ehicle Registration C	•		
7c. Business Street Address¹				12. Exceptions for Additional Recipients of	Mail ¹³ See Foo	tnote 13		
Footnote 1 Include house number, streapartment/suite number if applicable.				List names of minors receiving				
7d. City	7e. State	7f. ZIP + 4	7g. Country	13a. Signature of Applicant ¹⁴ See Footi	note 14	13b. Date		
				Sign here in the presence of a notary or agent (Es	scapees Mail Service)			
7h. Telephone Number (include area code)	7i. Place of R	legistration ⁸	1	14a. Signature of CMRA or Authorized Em	oloyee ¹⁵	14b. Date		
		e place of registra mestic or the cou	ation is the county		See Footnote 15			
			718	Lesapoos omprojes signs note				



Application for Delivery of Mail Through Agent

See Reverse for Instructions,	Definitions, <i>i</i>	Agreemer	it Terms, and	the Privacy Act Statement.					
Private Mailbox (PMB) Information A Date PMB Opened	1b. Date PMI	B Closed		8. Photo ID Information for Applicant ⁹ 8a. Applicant's Name	8b. Applicant's ID Number				
2. Commercial Mail Receiving Agency (C 2a. Street Address to be Used for Delivery ¹	Commercial Mail Receiving Agency (CMRA) Place of Business Information Street Address to be Used for Delivery ¹ 2b. PMB #				8d. Expiration Date	on the ID			
4602 County Road 673									
2c. City	2d. State	2e. ZIP +	4®	8e. Photo ID type (check one)					
Bushnell	FL	33513		U.S. State/Territory/Tribal Driver's or Nor	_	-46 NI-4			
3. Type of Service Requested	lential/Personal l			Uniformed Service ID Passport U.S. Access Card Matricula C U.S. University ID Card NEXUS Ca	onsular U.S. Pe	ate of Naturalization rmanent Resident Card			
4. Name of Applicant 4a. Last Name 4b. First				9. Address ID Information for Applicant ¹¹ 9a. Applicant's Name					
4d. Telephone Number (include area code)	4e. Email Ad	dress		9b. Applicant's Street Home Address¹					
4f. Applicant's Street Home Address ^{1,4}				9c. City	9d. State 9e. Z	IP + 4 9f. Country			
4g. City	4h. State	4i. ZIP + 4	4j. Country	9g. Address ID type (check one) — Must Con	tain the Address in 9b)-9f			
				☐ U.S. State/Territory/Tribal Driver's or No.	ndriver's ID Card ¹⁰				
4k. Is applicant a court-ordered protected individual? Yes No If "Yes", you must attach a copy of the court order.			No		Home or Vehicle Insu Vehicle Registration C				
5. Authorized Individual ⁵ 5a. Last Name 5b. First Name 5c. Middle Initial			Middle Initial	10. Photo ID Information for Authorized Individual (if applicable) ⁹ 10a. Authorized Individual's Name 10b. Authorized Individual's ID Number					
5d. Telephone Number (include area code)	de) 5e. Email Address 10c. Issuing Entity 10b. Expiration Date on the ID				e on the ID				
5f. Authorized Individual's Street Home Add	lress ^{1,6}			10e. Photo ID type (check one) U.S. State/Territory/Tribal Driver's or Nondriver's ID Card¹²					
5g. City	5h. State	5i. ZIP + 4	5j. Country	Uniformed Service ID Passport U.S. Access Card Matricula (U.S. University ID Card NEXUS Ca	Consular U.S. Pe	ate of Naturalization rmanent Resident Card			
6. If Transferring PMB Mail to Another Ac	dress ⁷			11. Address ID Information for Authorized	Individual (if applica	ble) ¹¹			
6a. Street Address Mail Is Transferred To ¹				11a. Authorized Individual's Name	·	,			
6b. City	6c. State	6d. ZIP + 4	6e. Country	11b. Authorized Individual's Street Home Add	lress ¹				
6f. Telephone Number (include area code)	6g. Email Ad	dress		11c. City	11d. State 11e.	ZIP + 4 11f. Country			
7. Business/Organization Information 7a. Name of Business/Organization	7b. Type of Business U.S. State/Territory/Tribal Driver's or Nondriver's ID Card¹¹¹ Current Lease Home or Vehicle Insurance Policy			rance Policy					
7c. Business Street Address¹				12. Exceptions for Additional Recipients of	Mail ¹³				
7d. City	7e. State	7f. ZIP + 4	7g. Country	13a. Signature of Applicant ¹⁴		13b. Date			
7h. Telephone Number (include area code)	7i. Place of F	I Registration ⁸		14a. Signature of CMRA or Authorized Employee ¹⁵ 14b. Date					

Instructions and Footnotes

1	Include house number, street, and apartment/suite number if applicable.
2	For Business/Organization Use, complete item 7.
3	For Residential/Personal Use, complete a separate PS Form 1583 for each adult using this PMB.
4	Address must match document provided in item 9b.
5	The Applicant authorizes mail to be collected by the individual noted in item 5.
6	Address must match document provided in item 11b.
7	Complete item 6 if the mail addressed to this PMB is to be transferred, mailed, shipped, or emailed to another address.
8	The place of registration is the county and state (if domestic), or the country (if foreign).
9	Two types of identification are required for both the Applicant and, if listed, the Authorized Individual. One ID must be a government-issued photo ID. The second must confirm the Applicant's or Authorized Individual's address listed on this form. The acceptable types of photo ID are listed in items 8e and 10e. Attach a copy of the photo and address ID documents.
10	Although the driver's/nondriver's ID is listed in 8e and 9g as an option for both the Applicant's photo ID and address ID, it may be used for only one of the IDs (either photo ID or address ID), not for both.
11	The acceptable types of address verification are listed in items 9g and 11g. Attach a copy of the photo and address ID documents.
12	Although the driver's/nondriver's ID is listed in 10e and 11g as an option for both the Authorized Individual's photo ID and address ID, it may be used for only one of the IDs (either photo ID or address ID), not for both.
13	For Business/Organization Use: List members who will be receiving mail at this PMB. Each person listed must, upon request, present two forms of valid ID to the Postal Service. For Residential/Individual Use: A parent or guardian may receive the mail of a minor by listing the minor's name — the minor's ID is not required.
14	By signing this form, the applicant certifies the following — for Business/Organization Use, an officer must sign the application and provide his or her title:
	I certify that all information furnished on this form is accurate, truthful, and complete. I understand that anyone who furnishes false or misleading information on this form or omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.
15	The agent or an authorized employee may sign item 14a. If the Notary Public box at the bottom of page 2 has a seal, the Notary Public completes the box.

Definitions:

Agent: The Commercial Mail Receiving Agency (CMRA). Authorized employee: An employee of the CMRA who is authorized to act on the CMRA's behalf. Authorized individual: A person who is authorized to pick up mail for the PMB holder.

Agreement: In consideration of delivery of my mail or our firm's mail to the agent named on Page 1, the applicant and agent agree: (1) the applicant or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the applicant and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the applicant must file an updated application with the agent.

NOTE: The applicant must sign or confirm their signature in the physical or virtual presence (in real-time audio and video) of the Agent or the Agent's authorized employee or acknowledge their signature in the physical or virtual presence (in real-time audio and video) of a notary public commissioned in a United States state, territory, possession, or the District of Columbia. The agent uploads the original completed signed PS Form 1583 to the Postal Service's CMRA Customer Registration Database and retains the completed signed copy at the CMRA business location. The CMRA copy of PS Form 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The applicant and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in items 4f or 7c, and that the identifications listed in items 8–11 are valid. The agent must complete items 2a–2e, and items 14a and 14b if necessary (i.e., if the agent is the witness), and the customer must complete all the other items.

Privacy Act Statement: Your information will be used to administer the Commercial Mail Receiving Agency (CMRA) application, enrollment, and fulfillment processes, to verify your identity when applying for service via a CMRA, to ensure proper and secure delivery of mail to the correct recipient, and to permit delivery of your mail to your authorized agent. Collection is authorized by 39 USC 401, 403, and 404. Supplying the information is voluntary, but if not provided, we will not be able to fulfill your request for delivery of mail through an agent. We do not disclose your information without your consent to third parties, except for the following limited circumstances: incident to legal proceedings involving the Postal Service; for law enforcement purposes; to a congressional office on your behalf; to agents or contractors when necessary to fulfill a business function; to a U.S. Postal Service auditor; to labor organizations as required by applicable law; to government agencies in connection with decisions as necessary; to agencies and entities for financial matters; and for customer service purposes. In addition, information may be disclosed for the purpose of identifying an address as an address of an agent to whom mail is delivered on behalf of other persons. However, this specific routine use does not authorize the disclosure of the identities of persons on behalf of whom agents receive mail. All routine uses are subject to the following exception: Information concerning an individual who has filed an appropriate protective court order with the application will not be disclosed except pursuant to the order of a court of competent jurisdiction and subject to the approval of the USPS General Counsel. For more information on our privacy policies, visit www.usps.com/privacypolicy.

Notary Public in and for the STATE OF		Official Seal:
COUNTY OF (On this, 20,	
the applicant,	, who proved to me on the basis of satisfactory evidence to	
be the person whose name is subscribed to the ap	plication, appeared before me, and acknowledged their signature.	
Signature of Notary Public	My commission expires:	



Application for Delivery of Mail Through Agent

See Reverse for Instructions, De	efinitions, <i>l</i>	Agreem	ient T	Terms, and	the Privacy Act Statement.				
Private Mailbox (PMB) Information La. Date PMB Opened	1b. Date PMB Closed				8. Photo ID Information for Applicant ⁹ 8a. Applicant's Name	8b. Applicant's ID Number			
					On Japaning Entity	8d. Expiration Date on the ID			
Commercial Mail Receiving Agency (CM Street Address to be Used for Delivery		nforma 2b. PN		8c. Issuing Entity	ou. Expiration Da	ate off the 1D			
101 Rainbow Dr.									
2c. City	2d. State	2e. ZII	P + 4®		8e. Photo ID type (check one)				
Livingston	TX	7739	99		☐ U.S. State/Territory/Tribal Driver's or Non☐ Uniformed Service ID☐ Passport		icate of Na	turalization	
3. Type of Service Requested	173	1			U.S. Access Card Matricula C	_		Resident Card	
☐ Business/Organization Use ² ☐ Resider	ntial/Personal U	Jse ³			☐ U.S. University ID Card ☐ NEXUS Car	d			
4. Name of Applicant 4a. Last Name 4b. First N				ddle Initial	9. Address ID Information for Applicant ¹¹ 9a. Applicant's Name				
4d. Telephone Number (include area code)	4e. Email Add	dress			9b. Applicant's Street Home Address¹				
4f. Applicant's Street Home Address ^{1,4}	l				9c. City	9d. State 9e	. ZIP + 4	9f. Country	
4g. City	4h. State	4i. ZIP +	4	4j. Country	9g. Address ID type (check one) — Must Cont	ain the Address in	9b-9f		
					☐ U.S. State/Territory/Tribal Driver's or Nor	driver's ID Card ¹⁰			
4k. Is applicant a court-ordered protected in	dividual?	Yes			l <u> </u>	Home or Vehicle In			
If "Yes", you must attach a copy of the court order.					☐ Mortgage or Deed of Trust ☐ V	ehicle Registration	i Caru	☐ Voter Card	
5. Authorized Individual ⁵					10. Photo ID Information for Authorized Inc				
5a. Last Name 5b. First Name 5c. Middle Initial				ddle Initial	10a. Authorized Individual's Name	10b. Authorized	ndividual's i	ID Number	
5d. Telephone Number (include area code) 5e. Email Address					10c. Issuing Entity 10b. Expiration Date on the ID				
5f. Authorized Individual's Street Home Addre	ess ^{1,6}				10e. Photo ID type (check one) ☐ U.S. State/Territory/Tribal Driver's or Nondriver's ID Card¹² ☐ Uniformed Service ID ☐ Passport ☐ Certificate of Naturalization				
5g. City	5h. State	5i. ZIP +	4	5j. Country		Consular U.S.			
6. If Transferring PMB Mail to Another Add	ress ⁷				11. Address ID Information for Authorized I	ndividual (if appli	cable)11		
6a. Street Address Mail Is Transferred To ¹					11a. Authorized Individual's Name				
6b. City	6c. State	6d. ZIP +	- 4	6e. Country	11b. Authorized Individual's Street Home Add	ress ¹			
6f. Telephone Number (include area code)	6g. Email Ado	dress			11c. City	11d. State 11	e. ZIP + 4	11f. Country	
7. Business/Organization Information					11g. Address ID type (check one) — Must Co	ntain the Address i	n 11b-11f		
7a. Name of Business/Organization 7b. Type of Bus		Busine	ess	I .	ndriver's ID Card ¹⁰ Home or Vehicle In Jehicle Registratio		licy □ Voter Card		
7c. Business Street Address ¹	1				12. Exceptions for Additional Recipients of	Mail ¹³			
7d. City	7e. State	7f. ZIP +	4	7g. Country	13a. Signature of Applicant ¹⁴		13b. Da	ate	
7h. Telephone Number (include area code) 7i. Place of Registration ⁸ 14a. Signature of CMRA or Authorized Employee ¹⁵					14b. Da	ate			

Instructions and Footnotes

1	Include house number, street, and apartment/suite number if applicable.
2	For Business/Organization Use, complete item 7.
3	For Residential/Personal Use, complete a separate PS Form 1583 for each adult using this PMB.
4	Address must match document provided in item 9b.
5	The Applicant authorizes mail to be collected by the individual noted in item 5.
6	Address must match document provided in item 11b.
7	Complete item 6 if the mail addressed to this PMB is to be transferred, mailed, shipped, or emailed to another address.
8	The place of registration is the county and state (if domestic), or the country (if foreign).
9	Two types of identification are required for both the Applicant and, if listed, the Authorized Individual. One ID must be a government-issued photo ID. The second must confirm the Applicant's or Authorized Individual's address listed on this form. The acceptable types of photo ID are listed in items 8e and 10e. Attach a copy of the photo and address ID documents.
10	Although the driver's/nondriver's ID is listed in 8e and 9g as an option for both the Applicant's photo ID and address ID, it may be used for only one of the IDs (either photo ID or address ID), not for both.
11	The acceptable types of address verification are listed in items 9g and 11g. Attach a copy of the photo and address ID documents.
12	Although the driver's/nondriver's ID is listed in 10e and 11g as an option for both the Authorized Individual's photo ID and address ID, it may be used for only one of the IDs (either photo ID or address ID), not for both.
13	For Business/Organization Use: List members who will be receiving mail at this PMB. Each person listed must, upon request, present two forms of valid ID to the Postal Service. For Residential/Individual Use: A parent or guardian may receive the mail of a minor by listing the minor's name — the minor's ID is not required.
14	By signing this form, the applicant certifies the following — for Business/Organization Use, an officer must sign the application and provide his or her title:
	I certify that all information furnished on this form is accurate, truthful, and complete. I understand that anyone who furnishes false or misleading information on this form or omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.
15	The agent or an authorized employee may sign item 14a. If the Notary Public box at the bottom of page 2 has a seal, the Notary Public completes the box.

Definitions:

Agent: The Commercial Mail Receiving Agency (CMRA). Authorized employee: An employee of the CMRA who is authorized to act on the CMRA's behalf. Authorized individual: A person who is authorized to pick up mail for the PMB holder.

Agreement: In consideration of delivery of my mail or our firm's mail to the agent named on Page 1, the applicant and agent agree: (1) the applicant or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the applicant and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the applicant must file an updated application with the agent.

NOTE: The applicant must sign or confirm their signature in the physical or virtual presence (in real-time audio and video) of the Agent or the Agent's authorized employee or acknowledge their signature in the physical or virtual presence (in real-time audio and video) of a notary public commissioned in a United States state, territory, possession, or the District of Columbia. The agent uploads the original completed signed PS Form 1583 to the Postal Service's CMRA Customer Registration Database and retains the completed signed copy at the CMRA business location. The CMRA copy of PS Form 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The applicant and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in items 4f or 7c, and that the identifications listed in items 8–11 are valid. The agent must complete items 2a–2e, and items 14a and 14b if necessary (i.e., if the agent is the witness), and the customer must complete all the other items.

Privacy Act Statement: Your information will be used to administer the Commercial Mail Receiving Agency (CMRA) application, enrollment, and fulfillment processes, to verify your identity when applying for service via a CMRA, to ensure proper and secure delivery of mail to the correct recipient, and to permit delivery of your mail to your authorized agent. Collection is authorized by 39 USC 401, 403, and 404. Supplying the information is voluntary, but if not provided, we will not be able to fulfill your request for delivery of mail through an agent. We do not disclose your information without your consent to third parties, except for the following limited circumstances: incident to legal proceedings involving the Postal Service; for law enforcement purposes; to a congressional office on your behalf; to agents or contractors when necessary to fulfill a business function; to a U.S. Postal Service auditor; to labor organizations as required by applicable law; to government agencies in connection with decisions as necessary; to agencies and entities for financial matters; and for customer service purposes. In addition, information may be disclosed for the purpose of identifying an address as an address of an agent to whom mail is delivered on behalf of other persons. However, this specific routine use does not authorize the disclosure of the identities of persons on behalf of whom agents receive mail. All routine uses are subject to the following exception: Information concerning an individual who has filed an appropriate protective court order with the application will not be disclosed except pursuant to the order of a court of competent jurisdiction and subject to the approval of the USPS General Counsel. For more information on our privacy policies, visit www.usps.com/privacypolicy.

Notary Public in and for the STATE OF	Official Seal:	
COUNTY OF (On this, 20,	
the applicant,	, who proved to me on the basis of satisfactory evidence to	
be the person whose name is subscribed to the ap		
Signature of Notary Public	My commission expires:	