

# Mail Services

## Application For Post Office Box

Customer: Complete Items 1, 3 through 6, 10 and 11



1. Name to which box number is assigned		2. Box Number
3. Home address (number and Street or PO Box Number, City, State and Zip code)		
4. Home phone		
5. If representing a UTMB department or other organization (Name, Room number, Building, Route)		
6. Office phone		

Items 7 through 9, 12 and 13 To be completed by the Post Office

7. Type of Identification		8. Dates of service		9. Information verified by
a. D.L./Other	b. UTMB Employee Number	a. Start	b. End	

**SPECIAL ORDERS**

10. Postmaster: The following persons, or authorized representatives of the organization listed above are authorized to accept mail addressed to post office box .
Alternate 1:
Alternate 2:
Alternate 3:
Alternate 4:
Alternate 5:

**CUSTOMER NOTE:** Possession of post office box key or combination may be considered by the Postal Service to be valid evidence that the possessor is authorized to remove mail from the box.

**APPLICANT PLEASE NOTE:** Execution of this application signifies your agreement to comply with all postal rules relative to post office box service.

11. Signature of applicant	12. Date of Application	13. Date of Renewal