

U.S. POSTAL SERVICE
SENDER'S APPLICATION FOR RECALL OF MAIL

Postmaster: Please intercept and return to me the mail described below:

<input type="checkbox"/> Letter	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Approx. Size _____	<input type="checkbox"/> Registered No. _____
<input type="checkbox"/> Package	<input type="checkbox"/> Special Delivery	<input type="checkbox"/> Color _____	<input type="checkbox"/> Certified No. _____
<input type="checkbox"/> Other (Describe) _____	<input type="checkbox"/> Postage \$ _____		<input type="checkbox"/> Insured No. _____
			<input type="checkbox"/> C.O.D. No. _____
			<input type="checkbox"/> Express Mail No. _____
			<input type="checkbox"/> Return Receipt for Merchandise No. _____

Hour Mailed A.M. P.M.	Date Mailed	Where Deposited	Time Application Filed A.M. P.M.	Date Filed
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Reason for Recall of Mail _____

Address <input type="checkbox"/> Handwritten <input type="checkbox"/> Typewritten or <input type="checkbox"/> Other (Describe) _____	FACSIMILE LETTER, ADDRESS, OR ADDRESS LABEL		
	_____ _____ _____ (Return Address)	<input type="checkbox"/> Adhesive Stamp	<input type="checkbox"/> Postage Meter Stamp
	Name _____		
	Street and Number _____		
	Post Office _____		
	State and ZIP Code _____		

I deposit herewith \$ _____ to pay for expenses incurred for necessary telegrams, postage, etc., and will reimburse the Postal Service for all costs associated with the recall of the mail described above.

Signature of Applicant (If signed as agent, include title and firm)	Applicant's Address	Telephone No.
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POSTMASTER PORTION ONLY	Application Received By (Name of employee)	Hour Received A.M. P.M.	Date Received
	Telephoned To	Copies To	Returned By (Name of employee)

INSTRUCTIONS TO DELIVERY OFFICE

Please return the above-described mail to this office, if found, or state on reverse of this form the action taken.

Reply should be addressed to:

(Postmaster) _____ (City, State and ZIP Code) _____

To: _____ • _____ •	RECEIPT OF SENDER	
	Date	
	Name	
		Address