



POST OFFICE BOX CUSTOMER



191
Box AP on file
out dated

Janet
Box Clerk
916-446-2432

Postal regulations require that PS Form 1093, Application for Post Office Box Service, contain updated current information for each box holder. Customers that receive mail in a Post Office Box must be listed on the PS Form 1093 (P O Box Application) and each person must have two forms of verifiable identification.

Attached to this letter is a new PS Form 1093 (P O Box Application), please complete the form and hand it to any of the window clerks at the post office. When you do so, you will be asked to show two types of acceptable identification, one bearing your photograph. The identification presented must be current, must contain sufficient information to confirm that the applicant is who he or she claims to be, and must show your street address. Acceptable identification includes valid driver's license, State non-driver's license, armed forces or government ID, university or recognized corporation ID, passport, alien registration card, certificate of naturalization, current lease or mortgage, deed of trust, voter or vehicle registration card, and home or vehicle insurance policy. Credit cards, social security cards and birth certificates are not acceptable forms of identification.

Each person over the age of 18 that receives mail in the post office box should accompany you to the post office and show two types of ID. We appreciate your cooperation; and apologize for the inconvenience

Please complete and mail
back to me
Thank you

475 L'ENFANT PLAZA SW
WASHINGTON DC 20260-

FAX:

Box Number(s) 191

Application for Post Office Box™ Service

Fill out all non-shaded fields, and take this application to the Post Office™.

1. This service is for (Required selection): Business/Organization Use Residential/Personal Use

2. Name of Business/Organization (if applicable): **Labor Law Poster Service.**

3. Name of Person Applying (Last, First, MI — include title if representing a business/organization):

4. Address: Number, Street, Suite _____ Verify initials

City _____ State _____ ZIP+4® _____

5. Telephone Number (Include Area Code)

1-877-321-4144

6. Email Address

CS.LLPS@comcast.net

7. Box Size(s) (Required) See page 1 for details Size 1 Size 2 Size 3 Size 4 Size 5

8. Applicant must select and enter the ID Number for two items of valid identification listed below. You must present the IDs at a Post Office. One item must contain a photograph and one must be traceable to the bearer (prove your physical address). Both must be current.

Select one photo ID:

- Valid driver's license or state non-driver's ID card
- Armed forces, government, university, or recognized corporate ID
- Passport, alien registration card, or certificate of naturalization

Select one non-photo ID:

- Current lease, mortgage, or deed of trust
- Voter or vehicle registration card
- Home or vehicle insurance policy

Photo ID Number: _____

Non-Photo ID Number: _____

Verify initials (For Post Office Use Only) _____

9. On the back of this form, list the name(s) of all individuals, including members of a business, who will be receiving mail at this (these) PO Box number(s).

10. On the back of this form, list the names of the persons or representatives of the business/organization authorized to pick up mail addressed to this (these) PO Box number(s).

Optional Automatic Renewal Payment — Terms and Agreement

By initialing below and establishing automatic renewal payments at a Post Office, I hereby authorize the U.S. Postal Service® (USPS®) to charge my credit card for the amount of my designated box size per USPS pricing on the scheduled interval I have selected (i.e., 6 or 12 months). This charge could appear on my credit card statement as early as the 15th of the month prior to the due date. If I provided my email address, I understand that I will receive email notification at least 10 days prior to the actual credit card charge. I will also receive a payment due notice in my PO Box before the payment due date. I understand that I may cancel the automatic payment option any time after the initial application/payment process is complete during the business hours at the Post Office where my box is located. If I do not cancel by the 14th of the month prior to the next payment due date, I understand that the payment will be charged to my credit card. I understand that if the payment cannot be transacted due to incorrect or obsolete payment information or the transaction would exceed the credit limit of the account, or the bank or credit card company rejects/returns the payment request, my PO Box may be closed and any mail received after closure would be returned to the sender. If my PO Box is closed for nonpayment, I understand that I could be charged a late payment fee to reactivate my PO Box service. If there are any changes to my credit card number, billing address, or expiration date, I agree to notify the Post Office where my box is located of these changes. I understand that this agreement will remain in effect until I or USPS terminates the PO Box service. The USPS may receive updated credit card account information from the institution that issued the card identified for payment. If I decide to close my PO Box, I must visit the Post Office where my box is located during business hours. (See the PO Box refund policy for information on refunds.) The USPS may terminate my participation under this automatic payment agreement in the event I provide incorrect, false, or fraudulent account information or if I have any returned payment items.

Customer Initials _____ Billing Address (if different from address in 4 above): _____

Number, Street, Suite _____

City _____ State _____ ZIP+4® _____

Application Date	Number of Keys Issued	Customer Eligible for No-Fee Service	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Applicant (Same as item 3) 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.

Post Office Date Stamp