



START DATE ^

END DATE ^

Standing Delivery Order

Name and Address of Individual or Firm (Include apartment or suite number)

Date Submitted*

Signature and title of person authorized to sign this Standing Delivery Order

Telephone Number

As the above-named individual or firm, I authorize the agent(s) named below to receive all mail addressed to or in care of the above-named individual or firm, including these services; Adult Signature Required, Certified, Insured, C.O.D., Priority Mail Express®, Signature Confirmation™, and unrestricted Registered Mail™. I understand that this Standing Delivery Order will remain in effect until I cancel it in writing. I assume all responsibility for loss, rifling, or damage of the mail after it is delivered to the agent(s) authorized on this form.

***USPS will revoke all orders submitted before this date. NOTE: Authorized Agents are required to provide a valid government- or employee-issued photo identification (ID) verifying their identity before we release the mail.**

CUSTOMER INSTRUCTIONS**Fill out all non-shaded areas as follows:**

1. Add printed name(s) of Authorized Agents.
2. Put a check mark in column that corresponds to the type(s) of Restricted mail (Restricted Delivery, Adult Signature Restricted Delivery) your agent is authorized to pick up.
3. Get agent(s) signature (if available) before you submit this form.

USPS INSTRUCTIONS

1. At first pick-up; request signature (if missing) and a form of valid government- or employee-issued photo identification (ID).
2. Visually inspect the ID, check the box (if valid), and write in your initials and date.
3. Release the mail to the agent.

AUTHORIZED AGENT(S) – RESTRICTED MAIL (✓) INCLUSION**USPS VERIFICATION**

Agent Name (Printed)	Restricted Delivery Yes (✓)	Adult Signature Restricted Delivery Yes (✓)	Agent Signature (Request signature – if missing)	USPS VERIFICATION		
				ID Verified Yes (✓)	USPS Initials	Date