



Importer's Objections

From (Post Office Name, City, State, and ZIP Code®)

TO: DISTRICT DIRECTOR OF CUSTOMS

Attached are Forms CF 3419, *Mail Entry*, for items on which addressees have objected to paying duty pending review by your office. We have checked the item the addressee objected to. Please advise. Serial numbers are as follows:

Check the item the addressee objected to:

Mail Entry Number	Assessed Value	Rate	Amount
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Signature of Postmaster (or Designee)

Date