



IMPORTANT: To assist us in locating your mail please print all information completely and legibly.

**SENDER'S APPLICATION FOR RECALL OF MAIL**

1. Please intercept and return to me the mail described below: Please complete Items 1 thru 7. **NOTE:** Items mailed to international destinations will only be intercepted while still within U.S. possession.

Registered Mail™ No. \_\_\_\_\_  
 Certified Mail™ No. \_\_\_\_\_  
 Insured No. \_\_\_\_\_  
 Express Mail No. \_\_\_\_\_  
 Delivery/Signature Confirmation™ No. \_\_\_\_\_  
 Customs Declaration Barcode No. \_\_\_\_\_  
 Other \_\_\_\_\_

- Letter       Express Mail®  
 Parcel       Priority Mail®  
 Other (Describe) \_\_\_\_\_

2a. Hour Mailed A.M. P.M.	2b. Date Mailed (MM/DD/YYYY)	2c. Where Deposited (Mailbox, Lobby, Carrier Pickup™, etc.)	2d. Time Application Filed A.M. P.M.	2e. Date Filed (MM/DD/YYYY)
---------------------------------	---------------------------------	---	--	--------------------------------

3. Package Identifiers (Size, shape, color, graphics, pictures, etc.)	4. Reason for Recall of Mail
---	------------------------------

5a. Complete Addressing Information (Facsimile letter, address, or address label) How was the article addressed? <input type="checkbox"/> Handwritten <input type="checkbox"/> Typewritten <input type="checkbox"/> Other (Describe) _____	5b. Postage Amount and Type \$ _____ <input type="checkbox"/> Adhesive Stamp <input type="checkbox"/> Postage Meter Stamp <input type="checkbox"/> Other	5c. Addressing Information <b>Return Address:</b> Name _____ Street and Number _____ City, State and ZIP Code™ _____ <b>Addressed To:</b> Name _____ Street and Number _____ City, State and ZIP Code _____
--	---	---

6. **Expenses Incurred:** I deposit herewith \$ \_\_\_\_\_ to pay for expenses incurred for necessary electronic transmissions, postage, etc., and will reimburse the United States Postal Service® for all costs associated with the recall of the mail described above.

7a. Signature of Applicant	7c. Signature and Title of Agent (If signed as agent)	7e. Applicant's Address
7b. Firm/Company Name	7d. Telephone No. (Include area code)	

ITEMS 8A THRU 8F ARE RESERVED FOR USPS® USE ONLY.	8a. Application Received By (Name of Postal Service personnel)	8b. Initiating Post Office (City, State and ZIP Code)	8c. Hour Received A.M. P.M.	8d. Date Received (MM/DD/YYYY)
	8e. Telephoned To (Destination office)	8f. Copies Sent To (List Location(s) by ZIP Code)	8g. Returned By (Name of Postal Service personnel)	

9. Instructions To Receiving Office: (Office where article was addressed) Please return the above-described mail, if found, to Post Office listed in Item #10a.

10a. Postmaster (List the address of the Post Office where sender will retrieve recalled mail)	10b. Receipt of Sender/Applicant (Signature Required)
	Date (MM/DD/YYYY)
	Name
	Signature