



# Request for Delivery Information/Return Receipt After Mailing

## Instructions for Use:

### Accepting Office

- Internal Use Only.* Help the customer complete Section 2 of this form and carefully compare it to the customer's receipt. Complete the shaded portions in Section 1.
- Collect fees if required.
- Select **ONE** of the following two options:
  - If the item was mailed to an office using a product tracking system (all offices in the U.S., including Alaska, Puerto Rico, and the Virgin Islands), choose one of the following two options:
    - If your office has Intranet access, use the Intranet to generate the request via e-mail. If e-mail is not provided in Section 2, item D., manually complete Section 3 and mail to the customer.
    - If your office does not have Intranet access, send this entire form, with Sections 1 and 2 completed, to a designated inquiry location.
 If the electronic record is found, request record electronically and discard this form. If the electronic record is not found, manually complete Section 3 and mail to the customer.
  - If the item was mailed to an office using manual record management (refer to the Postal Operations Manual, Section 619 for full listing), send this entire form, with Sections 1 and 2 completed, to the delivery office.

### Delivery Office - Use Only for Manually Filed Delivery Record Inquiries (3B checked above)

- If the fee is not attached or the form is not postmarked to show that the fee was paid at the time of the mailing, return this form to the accepting office.
- Complete the items in Section 3 below. Enter the delivery information or indicate the reason for no information.
- After completion, detach and insert the bottom portion of this document in an envelope addressed to the requestor and deposit it in the mailstream. Discard the remaining portion.

|                  |   |   |
|------------------|---|---|
| <b>Section 1</b> | Accepting Office: Postmark if Return Receipt fee was paid at time of mailing. | <input type="checkbox"/> Return Receipt fee WAS paid at time of mailing. (Customer has provided receipt. Postmark where indicated at left.)<br><input type="checkbox"/> Return Receipt fee WAS NOT paid at time of mailing. (Attach fee below.)<br><br><i>Attach fee here if applicable</i> |
|                  | Accepting Office City/State/ZIP Code™: _____                                  |   |

**Acceptance/Delivery Office/Manual Inquiries:** Detach at dotted line and return bottom portion to customer when the inquiry is resolved. Discard remainder of form.

**Electronic Inquiries:** Generate request from Intranet and discard the entire form if record is found.

|                  |  |   |                          |
|------------------|--|---|--------------------------|
| <b>Section 2</b> | <b>A. Type of Service</b>  | <b>C. Article Information</b>   |                          |
|                  | <input type="checkbox"/> Certified Mail™ <input type="checkbox"/> Numbered Insured<br><input type="checkbox"/> COD <input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Express Mail® <input type="checkbox"/> Return Receipt for Merchandise | Article Number _____<br>Mailing Date (mm/dd/yy) _____   |                          |
|                  | <b>B. Article Addressed To</b>   | <b>D. Requestor</b>   |                          |
|                  | Addressee Name _____<br><br>Addressee Name _____<br>(No., street, apt./ste. no.) _____<br><br>(City, state, ZIP Code™) _____   | Requestor Name _____<br><br>Requestor Address _____<br>(No., street, apt./ste. no.) _____<br><br>(City, state, ZIP Code) _____<br><br>E-mail address (Complete ONLY if an electronic inquiry) _____ |                          |
| <b>Section 3</b> | <b>For Accepting or Delivery Office Use Only</b>   | Delivered to the following individual, company or organization  | Delivery Office Postmark |
|                  | Postal Service™ records show no delivery information because:<br><input type="checkbox"/> Record not found<br><input type="checkbox"/> Forwarded (date: _____)<br><input type="checkbox"/> Returned (date: _____)  | Delivery Date _____<br>Delivery Address (if different from address in section 2B) _____   |                          |