

DELIVERY EMPLOYEE - Remove Copies 1 & 2 at Time of Delivery

Collect the amount shown below, if customer pays by CHECK made payable to the mailer.

Collect the amount shown below if customer pays in CASH (includes MO fee or fees).

Check Amount \$

Cash Amount \$

M

Registered Mail Express Mail® Service Form 3849-D Requested

Date of Mailing

Rent COD Charges to Sender via Express Mail

EMCA No

COD

From:

To:

Delivered By

Date Delivered

Check Number

Date Payment Sent to Mailer

Date Form 3849-D Sent

MO Number(s)

PS Form 3816, February 2002

Copy 1 - Delivery Unit

1. DONOT allow the recipient (addressee or agent) to examine the contents before payment.
2. DO NOT deliver this article until payment is collected.

3. If payment is by check, enter check number above.
4. Have customer sign Form 3849.

◆ Follow proper scanning procedures for COD delivery and clearance.

Date Returned

2nd Notice

1st Notice



Mail payment for only one COD per envelope

Check Amount \$	Cash Amount \$
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DELIVERY EMPLOYEE: Turn in this copy with the payment you received for the COD article and the signed Form 3849. Be sure COD number appears on money order(s) or check.

COD

To:

From:

POST OFFICE: Return this copy to mailer with money order(s) or check. Mail payment for only one COD per EMO4 envelope (*mailer address will appear in the window*). Please secure this copy in the envelope with tape, if necessary.



Date Returned

2nd Notice

1st Notice

SAVE THIS RECEIPT

See reverse side for claims information.

Check
Amount \$Cash
Amount \$

M

 Registered
Mail Express
Mail® Service Form 3849-D
Requested

Date of Mailing

COD

SAMPLE

From:

To:

Check and Enter Amount (if Applicable)

 Delivery
Confirmation™ Service Restricted
Delivery Return
Receipt Signature
Confirmation™ Service Special
Handling

Amt: _____

COD Fee

Postmark

Postage

PS Form 3816, February 2002

Copy 3 - Mailer



Pull for Mailer's Copy

COD Service

The fees for COD service include:

- insurance against loss, rifling, or damage to the article (coverage may not exceed the limit fixed for the insurance fee paid. Ask the postmaster for details of insurance limits and coverage); and
- collection of COD payment by postal money order(s) or the recipient's check (some limitations may apply – see DMM S921).

NOTE: Postmaster will not participate in any disputes regarding the recipient's check.

Claim for Loss

You must file a claim for loss within 1 year (but no sooner than 60 days) from the date the COD article was mailed (within 90 days if sent by Express Mail). Form 1000, *Domestic Claim or Registered Mail Inquiry*, must be accompanied by:

- original mailing receipt and
- evidence of value

Claim for Damage

Claim for damage must be immediately filed by the recipient. Failure to do so may void a claim. Claim for damage must be accompanied by:

- original mailing receipt (if available)
- parcel wrapper
- box and packing
- evidence of value
- damaged contents.

When an article is received in damaged condition, do not direct the recipient to return the item to you, as this may also void payment of the claim. Instead, instruct the recipient to contact the local post office immediately.

Date Returned

2nd Notice

1st Notice

Retain at Mailing Post Office

Check
Amount \$Cash
Amount \$

M

 Registered Mail
 Express Mail® Service
 Form 3849-D Requested

Date of Mailing

COD

From:

To:

SAMPLE

Check and Enter Amount (if Applicable)

 Delivery Confirmation™ Service
 Restricted Delivery
 Return Receipt
 Signature Confirmation™ Service
 Special Handling
 Amt: _____

COD Fee

Postmark

Postage

PS Form 3816, February 2002

Copy 4 - Mailing P. O.



Thank You for Using COD Service

Check
Amount \$

Cash
Amount \$

COD



From:

To:

SAMPLE

If Your Package Arrives Damaged:

You must immediately file a claim for damage with your local post office. Failure to do so may void a claim. Claim for damage must be accompanied by: (1) original mailing receipt (if available); (2) parcel wrapper; (3) box and packing; (4) evidence of value; and (5) damaged contents.