



Operation Santa Letter (Organization)

A. Organization Information (Please print)

Organization Name	Contact Name (Last, First, MI)		
Business Address (Number, street, suite, etc.)	City	State	ZIP+4®
	Telephone Number (Include Area Code)		

B. Agreement for Acceptance of Letters to Santa from the U.S. Postal Service®

The organization identified above represents to the U.S. Postal Service that it is one of the following: A nonprofit, charitable organization, corporation, or firm, and that it:

- 1) Assumes full responsibility for transportation and distribution of Santa Letters.
- 2) Will keep a list of individuals who receive Santa Letter(s) and agrees that this list will not be sold or released to other organizations or individuals and that the names and addresses on the list will not be used for any purpose other than participation in the Operation Santa program. The list must include the name, address, telephone number, and verification that proper ID (i.e., state or federal identification) was presented by each individual to whom letter(s) were given. The list must be made available to the U.S. Postal Service and/or its agents upon request and must be retained by the organization for a minimum of one (1) calendar year.
- 3) Will dispose of by shredding, any unanswered Santa Letters.
- 4) Will not represent that it is acting as an agent of the U.S. Postal Service.
- 5) Personal information contained in the selected letters will remain in the sole control of the U.S. Postal Service.
- 6) Will notify individuals that responses to Santa Letters:
 - a) Must be age-appropriate.
 - b) Must be ready for mailing with the assigned numeric code placed in the return address area; the Post Office™ address will be used as the return address.
 - c) Must be brought to the designated Post Office for payment of appropriate postage and be addressed to the child's parent or guardian by a postal employee.
 - d) Items returned as undeliverable or refused will be donated or destroyed by the U.S. Postal Service.

The undersigned is authorized to execute and deliver this instrument on behalf of the organization.

C. Authorized Signature

Authorized Representative Name (Please print Last, First, MI)	Signature
Title (Please print)	Date (MM/DD/YYYY)

D. Postal Service™ Use Only

Valid government photo identification and approval from organization were presented and verified. **(If valid ID and approval are not presented, the customer request must be denied.)**

Yes (Check if identification was presented and verified)

Verifying Employee's Signature _____

_____ Total number of letters provided Date (MM/DD/YYYY) _____

Customer ID# (if applicable) _____



E. Assigned Codes of Selected Letters:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
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