



United States Postal Service®  
**Application for Delivery of Mail Through Agent**  
 See Privacy Act Statement on Reverse

1. Date  
 X

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

**NOTE:** The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 7 or 10, and that the identification listed in box 8 is valid.

2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)	3a. Address to be Used for Delivery (Include PMB or # sign.) <b>80 W Sierra Madre Blvd., PMB #</b>		
	3b. City <b>Sierra Madre</b>	3c. State <b>CA</b>	3d. ZIP + 4® <b>91024</b>

4. Applicant authorizes delivery to and in care of:	5. This authorization is extended to include restricted delivery mail for the undersigned(s):		
a. Name <b>Mail Box &amp; Postal</b>	<b>AUTHORIZATION TO ACCEPT REGISTERED, CERTIFIED &amp; SPECIAL DELIVERY MAIL</b>		
b. Address (No., street, apt./ste. no.) <b>80 W. Sierra Madre Blvd.</b>	<b>YES _____ NO _____</b>		
c. City <b>Sierra Madre</b>	d. State <b>CA</b>	e. ZIP + 4 <b>91024</b>	

6. Name of Applicant X	7a. Applicant Home Address (No., street, apt./ste. no) X		
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8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification.	7b. City X	7c. State X	7d. ZIP + 4 X
	7e. Applicant Telephone Number (Include area code) X		

a.	9. Name of Firm or Corporation		
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b.	10a. Business Address (No., street, apt./ste. no)		
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	10b. City	10c. State	10d. ZIP + 4
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	10e. Business Telephone Number (Include area code)		
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Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.	11. Type of Business		
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12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.)			
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13. If a CORPORATION, Give Names and Addresses of Its Officers	14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.
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Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

15. Signature of Agent/Notary Public	16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.) X
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## Mailbox Application Instructions

Thank you for downloading the USPS 1583 Form: Application for Delivery of Mail Through Agent. By completing the USPS 1583 form you will be authorizing Mail Box & Postal to act as your mail-receiving agent. **Page 1** is the mailbox rental agreement, **Page 2** is USPS 1583 form, **Page 3** is the Privacy Act Statement, **Page 4** is Mail Forwarding Request if applicable, and credit card authorization, if this is how you want to make a payment for the mailbox rental and mail forwarding, **Page 5** has the prices for rental of different mailbox sizes and length of time.

After you fill out the application, you can:

**1.** Bring it in to our location, along with two (2) valid forms of ID (see item 8 on the instruction form for all valid forms of ID's)

**2.** Or, if you are from out-of-town, out-of-state or overseas just mail it to: Mail Box & Postal, 80 W. Sierra Madre Blvd., Sierra Madre, CA 91024, USA along with copy of two (2) valid ID's (see item 8 on the instruction for all valid forms of ID's), "Notarized" USPS 1583 Form, AND your payment (check, money order, cashiers check or credit card authorization form) for the total amount.

Once your application is received, we shall issue you a mailbox number and if required a key for your mailbox. You may start to use your new address as soon as you receive the mailbox number from our office. If any questions, please feel free to call or email us, [mailboxandpostal@gmail.com](mailto:mailboxandpostal@gmail.com)

## How To Fill Out The USPS 1583Form

Item 1: Today's date

Item 2: Recipient's name(s) (individual, spouse, child), up to three (3) names. Over three names, including Business name, there will be additional charge. If Recipients **are not** family members (i.e. spouse, child under 18 years of age) separate completed application is required. ID's for all additional recipients ARE required as well.

Item 3: LEAVE BLANK/DO NOT ENTER ANYTHING

Item 4: LEAVE BLANK/DO NOT ENTER ANYTHING

Item 5: Place your initials for "YES" or "NO" authorizing us to accept special delivery on your behalf.

Item 6: Applicants name (the person filling the application and submitting ID's)

Item 7: Applicants Actual home address and phone number

Item 8: Identifications. Please read carefully on application for all valid forms of ID's.

Item 9. If you are renting this box for business use, then enter legal name of your business

Item 10. Actual business address. If home-based business, then enter your actual home address and phone number.

Item 11. If you are renting this box for business use, then enter the type of business

Item 12. If you are renting this box for business use, then enter all additional recipients (See Mailbox Fees Page for restrictions). ID's for all additional recipients ARE required as well.

Item 13. If business is corporation, then list all officers of the corporation.

Item 14. If business use and if business is registered, enter information on this line as requested.

Item 15. LEAVE BLANK/DO NOT ENTER ANYTHING

Item 16. Signature of Applicant. If applicant is NOT hand delivering the application to our location, then applicant's signature must be notarized.

## **SMALL MAILBOX**

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6 Months \$ 135 (22.50/month)

**1 Year \$ 240** (20/month)

3 Month Renewal \$ 75 (25/month)

## **MEDIUM MAILBOX**

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6 Months \$ 165 (27.50/month)

**1 Year \$ 300** (25/month)

3 Month Renewal \$ 90 (30/month)

## **LARGE MAILBOX**

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6 Months \$ 195 (32.50/month)

**1 Year \$ 360** (30/month)

3 Month Renewal \$ 105 (35/month)



80 W. Sierra Madre Blvd., Sierra Madre, CA 91024  
Phone (626) 836-6675 Fax (626) 836-6688

www.mailboxandpostal.com

**Request of Mail Forwarding**

How Often: \_\_\_ Weekly \_\_\_ Bi-weekly \_\_\_ Monthly \_\_\_ Specific Dates

**STARTING DATE** \_\_\_\_\_

Forwarding Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Info:  
Tele. \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Other \_\_\_\_\_

The fees for mail forwarding are as follows: \$5.00 each time of mailing plus packaging (i.e. envelope, box or padded mailer) and the postage/shipping service of your choice. Mail forwarding fees must be prepaid or charged to credit card on file.

If funds are prepaid, please mail your check or money order to:  
Mail Box & Postal 80 W. Sierra Madre Blvd., Sierra Madre, CA 91024

**Credit Card Authorization**

I authorize Mail Box & Postal to charge my credit card for all services and transactions for which I agreed upon in this contract.

Credit Card # \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Zip Code of billing address \_\_\_\_\_  
Type of Card: Visa \_\_\_\_\_ Master Card \_\_\_\_\_ American Express \_\_\_\_\_  
V code # \_\_\_\_\_ ( last 3 or 4 digits located on the back of card )  
AMEX security code \_\_\_\_\_ (4 digits on the right above card numbers)  
Credit c. billing address \_\_\_\_\_

Customer Signature \_\_\_\_\_  
Print Name as it appears on the card \_\_\_\_\_

\* Please note that your mail will be forwarded upon credit card authorization.

**FAX OR EMAIL THIS FORM AND MAIL THE ORIGINAL TO:**

**MAIL BOX & POSTAL 80 W. Sierra Madre Blvd., Sierra Madre, CA 91024, FAX: (626) 836-6688**

**For assistance or questions, please call or Email:**

[mailboxandpostal@gmail.com](mailto:mailboxandpostal@gmail.com)