

Customer Phone (508) 320-7327 PAID:\$59 online on 01/20/2023	Post Office - NEWTON LOWER FALLS 2344 WASHINGTON ST STE 1 NEWTON LOWER FALLS, MA 02462	Box Number(s) N/A <i>Postal employee to provide.</i>
Online Application for Post Office™ Box Service		
1. Will this service be used for: <input type="checkbox"/> Business/Organization Use <input checked="" type="checkbox"/> Residential/Personal Use (Required)		
2.Name of Business / Organization (<i>If applicable</i>)		
3. Name of Person Applying (*Title if representing a business/organization) <div style="display: flex; justify-content: space-between;"> Last Name First Name Middle Initial *Title </div> <div style="display: flex; justify-content: space-between;"> MILLER DAVID </div>		
4. Address (Number, Street, Apt. No., City, State, and ZIP Code™) Number, Street, Apt. No.: 81 PINE GROVE AVE City, State: NEWTON L F, MA ZIP Code™: 02462		
5. Telephone Number (include Area Code) (508) 320-7327		6. Email Address DMMILLER12345@GMAIL.COM
7. Box Size Required: 1		
8. Applicant must select and enter the ID number for two items of valid identification listed below that must also be presented at Post Office. The first item must contain a photograph. The second item must be traceable to the bearer's current physical address listed on their application. Both items are required. Acceptable Photo IDs, please select one: <div style="margin-top: 5px;"> <input type="checkbox"/> U.S. Driver's License or State ID Card: <div style="float: right; border: 1px solid black; padding: 2px;">Verify Initials</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Passport, NEXUS, Matricula Consular, Alien Registration Card or Certificate of Naturalization: <div style="float: right; border: 1px solid black; padding: 2px;">Verify Initials</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> U.S.- Armed Forces, Government, University or recognized Corporate ID card: <div style="float: right; border: 1px solid black; padding: 2px;">Verify Initials</div> </div> Acceptable Non-Photo IDs, please select one: <div style="margin-top: 5px;"> <input type="checkbox"/> Current lease, mortgage, or deed of trust: <div style="float: right; border: 1px solid black; padding: 2px;">Verify Initials</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Voter or vehicle registration card: <div style="float: right; border: 1px solid black; padding: 2px;">Verify Initials</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Home or vehicle insurance card: <div style="float: right; border: 1px solid black; padding: 2px;">Verify Initials</div> </div>		9. List name(s) of all individuals, including members of a business who will be receiving mail at this PO Box. All names listed must have verifiable ID upon request. *A parent or guardian may receive the mail of minors by listing their names (no ID is required). <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div>
Customer Note: The Postal Service® may consider it valid evidence that a person is authorized to remove mail from the box if that person possesses a key or combination to the box.		
SPECIAL ORDERS 10. Postmaster: The following named persons or representatives of the business/organization listed above are authorized to pick up mail addressed to this (these) PO Box number(s). All names listed must have verifiable ID. (Continue on reverse side if needed.)		
Other Authorized Representative		Other Authorized Representative
Date Paid Online 01/20/2023		Service Dates 01/20/2023 through 07/31/2023
11. Signature of Applicant (Same as Item 3). The applicant certifies that all information furnished on this form is accurate, truthful, and complete. I understand that anyone who furnishes false or misleading information on this form or omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Number of keys issued: </div> <div style="width: 45%;"> Post Office Date Stamp </div> </div>
Privacy Notice: See reverse side of this form.		

Privacy Act Statement: Your information will be used to provide Post Office Box™ service. Collection is authorized by 39 U.S.C. 401, 403, 404, 407, and 411; 22 U.S.C. 214; 31 U.S.C. 7701. Supplying your information is voluntary, but if not provided, we may not be able to provide this service to you. We do not disclose your information to third parties without your consent, except to act on your behalf or request, or as legally required. This includes the following limited circumstances: to a congressional office on your behalf; to agencies and entities to facilitate or resolve financial transactions; to a U.S. Postal Service® auditor; for law enforcement purposes, to labor organizations as required by applicable law; incident to legal proceedings involving the Postal Service; to government agencies in connection with decisions as necessary; to agents or contractors when necessary to fulfill a business function or provide products and services to customers; for customer service purposes; to a federal, state, or local government agency for the performance of its duties; to a person empowered to serve legal process; and to a foreign government agency for violations and alleged violations of law. Information concerning an individual box holder who has filed a protective court order with the postmaster will not be disclosed except pursuant to court order. For more information regarding our privacy policies visit www.usps.com/privacypolicy.