## **Customer Phone** (571)294-6997 Box Number(s) N/A PAID: \$28 online on 10/06/2018 Postal employee to provide. Online Application for Post Office™ Box Service 1. Will this service be used for: Business/Organization Use ☑ Residential/Personal Use (Required) 2.Name of Business / Organization (If applicable) 3. Name of Person Applying (\*Title if representing an business/organization) Last Name First Name Middle Initial \*Title KOMMAGIRI **MANOJ** S 4. Address (Number, street, ., city, state, and ZIP Code™). Number, Street, Apt. no.: 5649 KEYSTONE PINE WAY City, State: DUBLIN, OH ZIP Code™: 43016 Verfiy Initials 5. Telephone Number (include Area Code) 6. Email Address **(** 571 **)** 294-6997 MANOJ0134@GMAIL.COM 7. Box Size Required: 1 8. Applicant must select and enter the ID number for two items of 9. List name(s) of all individuals, including members of a valid identification listed below, you must present the IDs at Post business who will be receiving mail at this PO Box. All Office; one item must contain a photograph, one must be names listed must have verifiable ID upon request. \*A traceable to the bearer (prove your physical address) and they parent or guardian may receive the mail of minors by must be current. listing their names (no ID is required). ☐ State Drivers License or State ID Card: Verfiy Initials Verfiy Initials SINDHU CHOPPARA □ Passport or Alien Registration Card: Verfiy Initials Verfiy Initials ☐ Current lease, mortgage, or deed of trust: Verfiy Initials Verfiy Initials □ Voter or vehicle registration card: Verfiy Initials Verfiy Initials

**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.

Verfiy Initials

Verfiy Initials

## 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  | Verfiy Initials               | Other Authoriz | zed Representative | Verfiy Initials  |
|--|-------------------------------|----------------|--------------------|------------------|
|  |                               |                |                    |                  |
| Date Paid Online   | Service Dates                 |                |                    |                  |
| 10/06/2018   | 10/06/2018 through 12/31/2018 |                |                    |                  |
| 11. Signature of Applicant (Same as Item 3). The applicant certifies that all                          |                               | es that all    | Number of          | Post Office Date |
| reference tion from in bod on this forms is appropriate to the first and appropriate. I condensate and |                               |                | d kovo jeguodi     | Stamp            |

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.

| Number of    | Post Office Date |  |  |
|--------------|------------------|--|--|
| keys issued: | Stamp            |  |  |
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Privacy Notice: See reverse side of this form.

☐ Home or Vehicle Insurance Card:

☐ Armed Forces, Government, University

or recognized corporate identification card.

Privacy Act Statement: Your information will be used to provide Post Office™ box service and to ensure delivery to the box. Collection is authorized by 39 U.S.C. 401, 403, & 404. Providing the information is voluntary; but, if not provided, we will be unable to provide this service to you. We do not disclose your information to third parties without your consent, except to facilitate the transaction, 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 financial entities regarding financial transaction issues; to a U.S. Postal Service® auditor; to entities, including law enforcement, as required by law or in legal proceedings; to contractors and other entities aiding us to fulfill the service (service providers); to process servers; to domestic government agencies if needed as part of their duties; 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 usps.com/privacypolicy.