(000) 700 7000	. 0 ("	NIAL OFFI		
	st Office - NATIO 710 E 16TH	_	Box Number(s) N/A	
	ATIONAL CITY, (CA 91950	Postal employee to pro	ovide.
Online Application for Post Office™ Box Service				
1. Will this service be used for: ☐ Business/Organization Use XI Residential/Personal Use (Required)				
2.Name of Business / Organization (If applicable)				
3. Name of Person Applying (*Title if representing	a business/organ	ization)		
Last Name First Name		Middle Initial *7	Title	
QUACH VINCENT	1 71D O - 1 - TM			
4. Address (Number, Street, Apt. No., City, State, and ZIP Code™)				
Number, Street, Apt. No.: 2450 MCHUGH ST City, State: SAN DIEGO, CA				
ZIP Code™: 92136				Verify Initials
5. Telephone Number (include Area Code)	6. Email Addres			vony middio
(626) 703-7003	MISTERVQ@C	GMAIL.COM		
7. Box Size Required:1				
Applicant must select and enter the ID number for the ID numb	or two items of	9 List name(s) of:	all individuals, including r	nembers of a
valid identification listed below that must also be pr			be receiving mail at this	
Post Office. The first item must contain a photogra		t have verifiable ID upon		
second item must be traceable to the bearer's curr	parent or guardian may receive the mail of minors by			
address listed on their application. Both items are	required.	listing their names	s (no ID is required).	
Acceptable Photo IDs, please select one:				
□ U.S. Driver's License or State ID Card:	Verify Initials			Verify Initials
☐ Passport, NEXUS, Matricula Consular, Alien Registration Card or Certificate of Naturalization:	Verify Initials			Verify Initials
regionation data of dominodic of realistation.				
☐ U.S Armed Forces, Government, University or	Verify Initials			Verify Initials
recognized Corporate ID card:	,			,
Acceptable Non-Photo IDs, please select one:				
☐ Current lease, mortgage, or deed of trust:	Verify Initials`			Verify Initials
— Matanan vahiala na sistuatian aand				
☐ Voter or vehicle registration card:	Verify Initials			Verify Initials
☐ Home or vehicle insurance card:	V26 - I-24 - I-			Marifa Initial
Thome of vehicle insurance card.	Verify Initials			Verify Initials
Occidence National Desiration Commission				former than beau
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	ie box.			
10. Postmaster: The following named persons or re	oresentatives of	the husiness/organi	ization listed above are a	uthorized to
pick up mail addressed to this (these) PO Box num	•	_		
if needed.)			(**************************************	
Other Authorized Representative	Verify Initials	Other Authorized Re	epresentative	Verify Initials
				•
Date Paid Online Service Dates				
01/02/2023 01/02/2023	_through03/31/2	2023		
11. Signature of Applicant (Same as Item 3). The	• •			Office Date
information furnished on this form is accurate, truthful, and complete. I understand keys issued: Stamp				
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.				
morading into and imprisonment.				
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.