

The Postal Service does not have a database giving the current address of all of its customers. It doesn't need that information since it delivers to addresses, rather than to individuals. However, if a customer moves and opts to file a change of address order, that information is kept at the post office serving the last known address. Policy for the disclosure of customer name and address information is contained at section 265.6(d) of our regulations (39 CFR 265), which can be accessed from the FOIA home page. Change of address information about individuals or families is available only to government agency requesters, to persons needing the information to serve legal process who meet certain requirements, or pursuant to a court order.

The Postal Service requires government agencies to use the following format in conjunction with regulations at 39 CFR 265.6(d)(6) when requesting the verification of a customer's current address or a customer's new mailing address:

(AGENCY LETTERHEAD)

To: Postmaster

Agency Control Number \_\_\_\_\_  
Date \_\_\_\_\_

ADDRESS INFORMATION REQUEST

Please furnish this agency with the new address, if available, for the following individual or verify whether or not the address given below is one at which mail for this individual is currently being delivered. If the following address is a post office box, please furnish the street address as recorded on the boxholder's application form.

Name: \_\_\_\_\_  
Last Known Address: \_\_\_\_\_

I certify that the address information for this individual is required for the performance of this agency's official duties.

\_\_\_\_\_  
(Signature of Agency Official)

\_\_\_\_\_  
(Title)

FOR POST OFFICE USE ONLY

<input type="checkbox"/> MAIL IS DELIVERED TO ADDRESS GIVEN	NEW ADDRESS
<input type="checkbox"/> NOT KNOWN AT ADDRESS GIVEN	_____
<input type="checkbox"/> MOVED, LEFT NO FORWARDING ADDRESS	_____
<input type="checkbox"/> NO SUCH ADDRESS	
<input type="checkbox"/> OTHER (SPECIFY):	BOXHOLDER'S STREET ADDRESS
_____	_____
_____	_____

Agency return address

Postmark/Date Stamp

The Postal Service suggests the following format (letterhead optional) be used in conjunction with

regulations at 39 CFR 265.6(d)(4)(ii) by persons empowered by law to serve legal process when requesting change of address or boxholder information:

Postmaster \_\_\_\_\_

Date \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

**REQUEST FOR CHANGE OF ADDRESS OR BOXHOLDER INFORMATION NEEDED FOR SERVICE OF LEGAL PROCESS**

Please furnish the new address or the name and street address (if a boxholder) for the following:

Name: \_\_\_\_\_

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

Note: The name and last known address are required for change of address information. The name, if known, and post office box address are required for boxholder information. The following information is provided in accordance with 39 CFR 265.6(d)(4)(ii). There is no fee for providing boxholder information. The fee for providing change of address information is waived in accordance with 39 CFR 265.6(d)(1) and corresponding *Administrative Support Manual* 352.44a.

1. Capacity of requester (e.g., process server, attorney, party representing self): \_\_\_\_\_
2. Statute or regulation that empowers me to serve process (not required when requester is an attorney or a party acting pro se-except a corporation acting pro se must cite statute): \_\_\_\_\_
3. The names of all known parties to the litigation: \_\_\_\_\_
4. The court in which the case has been or will be heard: \_\_\_\_\_
5. The docket or other identifying number if one has been issued: \_\_\_\_\_
6. The capacity in which this individual is to be served (e.g., defendant or witness): \_\_\_\_\_

**WARNING**

**THE SUBMISSION OF FALSE INFORMATION EITHER (1) TO OBTAIN AND USE CHANGE OF ADDRESS INFORMATION OR BOXHOLDER INFORMATION FOR ANY PURPOSE OTHER THAN THE SERVICE OF LEGAL PROCESS IN CONNECTION WITH ACTUAL OR PROSPECTIVE LITIGATION OR (2) TO AVOID PAYMENT OF THE FEE FOR CHANGE OF ADDRESS INFORMATION COULD RESULT IN CRIMINAL PENALTIES INCLUDING A FINE OF UP TO \$10,000 OR IMPRISONMENT OF NOT MORE THAN 5 YEARS, OR BOTH (TITLE 18 U.S.C. SECTION 1001).**

I certify that the above information is true and that the address information is needed and will be used solely for service of legal process in conjunction with actual or prospective litigation.

Signature \_\_\_\_\_

Address \_\_\_\_\_

Printed Name \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

**FOR POST OFFICE USE ONLY**

- \_\_\_\_\_ No change of address order on file.
- \_\_\_\_\_ Moved, left no forwarding address.
- \_\_\_\_\_ No such address.

POSTMARK

**NEW ADDRESS OR BOXHOLDER'S NAME AND STREET ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_