U.S. POSTAL SERVICE

SENDER'S APPLICATION FOR RECALL OF MAIL

Postmaster: Please intercept and return to me the mail described below:

☐ Letter ☐ Express Mail ☐ Approx. Size _____

☐ Package ☐ Special Delivery ☐ Color _____

☐ Other *(Describe)* _____ ☐ Postage $ _____

☐ Registered No. _____
☐ Certified No. _____
☐ Insured No. _____
☐ C.O.D. No. _____
☐ Express Mail No. _____
☐ Return Receipt for Merchandise No. _____

Hour Mailed	Date Mailed	Where Deposited	Time Application Filed	Date Filed
A.M. P.M.			A.M. P.M.	

Reason for Recall of Mail

Address

☐ Handwritten

☐ Typewritten

or

☐ Other *(Describe)*

_____

FACSIMILE LETTER, ADDRESS, OR ADDRESS LABEL

_____
_____
_____
(Return Address)

☐ **Adhesive Stamp** ☐ **Postage Meter Stamp** ☐ **Other**

Name _____

Street and Number _____

Post Office _____

State and ZIP Code _____

I deposit herewith $_____ to pay for expenses incurred for necessary telegrams, postage, etc., and will reimburse the Postal Service for all costs associated with the recall of the mail described above.

Signature of Applicant *(If signed as agent, include title and firm)*	Applicant's Address	Telephone No.

POSTMASTER PORTION ONLY

Application Received By *(Name of employee)*	Hour Received	Date Received
	A.M. P.M.	

Telephoned To	Copies To	Returned By *(Name of employee)*

INSTRUCTIONS TO DELIVERY OFFICE

Please return the above-described mail to this office, if found, or state on reverse of this form the action taken.

Reply should be addressed to:

(Postmaster) *(City, State and ZIP Code)*

To:

RECEIPT OF SENDER

Date

Name

Address

PS Form **1509**, July 1988