NOTE: USE BALLPOINT PEN AND PRESS DOWN FIRMLY: LAST 2 COPIES MUST BE LEGIBLE.

1. Use this form only for ordinary and certified mail. Use Form 3812, *Request for Payment of Domestic Postal Insurance*, to report loss or rifling of COD and domestic insured mail. Use Form 565, *Registered Mail Application for Indemnity/Inquiry*, to report loss or rifling of domestic registered mail.
2. Be sure all applicable items in Part II are completed.
3. Send Parts II-D and II-E immediately to the Regional Chief Inspector.
4. If complaint indicates rifling, obtain envelope or wrapper *(if possible)* and forward it with the Form 1510 to the Regional Chief Inspector.
5. If the complaint is made at stations or branches, send the remaining parts of the form to the main office, Claims and Inquiry Section.
6. Information outlining the processing of this form is contained in Section 254.2 of the Postal Operations Manual.

(Remove This Portion Before Mailing)

Part I

Postal Customer:

The sender of the article decribed below has made an inquiry regarding delivery of the item. The article was not located at the mailing office. Therefore, we are contacting you to determine if the article has been delivered. Please indicate below if the article has been received. Return the form in the enclosed PREADDRESSED ENVELOPE WHICH REQUIRES NO POSTAGE. Your response will assist the Postal Service in providing improved service. **PLEASE RETURN BOTH PARTS I AND II-A.**

THANK YOU

The Article Was:	Date of Reply	Signature of Addressee or Agent
☐ Received *(Date if known)* _____ ☐ Not Received ☐ Refused		
Remarks		

PS Form **1510**, April 1992

Part II-A

Note: Use ballpoint pen and press down firmly; you are making five copies.

U.S. Postal Service
Mail Loss/Rifling Report

1. Complaint Date	2. Office Accepting Complaint *(City and State)*	3. Complaint ☐ Loss ☐ Rifling

4. Article Was Mailed By			5. Article Was Addressed To		
a. Name			a. Name		
b. Return Address As On Article Mailed			b. Address As On Article Mailed		
c. City	d. State	e. ZIP+4	c. City	d. State	e. ZIP+4
f. Day Telephone Number *(Include Area Code)*			f. Day Telephone Number *(Include Area Code)*		

6. Article Was Mailed				7. Article Was Sent	8. Type of Mail
a. Date			b. Time	☐ 1st-Class ☐ Parcel Post	☐ Letter ☐ Parcel
Month	Day	Year	*(Hour)* ☐ AM ☐ PM	☐ Other *(Specify)* _____	☐ Other *(Specify)* _____

9. Special Services
☐ Special Handling ☐ Special Delivery ☐ Certified No. _____ ☐ Return Receipt for Merchandise No. _____

10. Place of Mailing	Name and/or Address of Location Checked	
☐ Main Post Office ☐ Station or Branch ☐ Contract Station ☐ Collection Box ☐ Residence or Business	City and State of Location Checked	ZIP+4 for Location Checked

11. Contents of Article *(Describe in detail, size, color, brand name, serial no., and amount, etc.)*	12. Value
	$

PS Form **1510**, April 1992

Part III

Postmaster *(Office of Address)*
Indicate disposition of the Certified article described in Part II-B below.

1. a. If Records Indicate Delivery, Show Delivery Date: _____

   b. State Name of Individual, Company, or Organization Accepting Article:

2. If No Record of Delivery, Forward Parts I and II-C to Addressee: Date: _____

3. If No Response Is Received in 15 Days From Addressee, Check ☐ and Return Part III to the Postmaster, Office of Origin.

4. If Addressee Responds, Return All Parts of Form 1510 to Office of Origin.

5. If No Record of Delivery and Addressee Denies Receipt, Conduct Search for Article Before Returning Form to Office of Origin.

PS Form **1510,** April 1992

Part IV

Superintendent Dead Letter or Parcel Branch
Conduct search for article described in Part II-B below.

1. Branch Serving Mailing Office		
a. Conducted Search On *(Date)*	b. Search Conducted By *(Name)*	c. Article Was ☐ Located ☐ Not Located
2. Branch Serving Addressee Office		
a. Conducted Search On *(Date)*	b. Search Conducted By *(Name)*	c. Article Was ☐ Located ☐ Not Located

3. If Article Was Located, It Was Forwarded to ☐ Sender ☐ Addressee

PS Form **1510,** April 1992

Part II-B

U.S. Postal Service
Mail Loss/Rifling Report

1. Complaint Date	2. Office Accepting Complaint *(City and State)*	3. Complaint ☐ Loss ☐ Rifling

4. Article Was Mailed By			5. Article Was Addressed To		
a. Name			a. Name		
b. Return Address As On Article Mailed			b. Address As On Article Mailed		
c. City	d. State	e. ZIP+4	c. City	d. State	e. ZIP+4
f. Day Telephone Number *(Include Area Code)*			f. Day Telephone Number *(Include Area Code)*		

6. Article Was Mailed				7. Article Was Sent	8. Type of Mail
a. Date			b. Time	☐ 1st-Class ☐ Parcel Post	☐ Letter ☐ Parcel
Month	Day	Year	*(Hour)* ☐ AM ☐ PM	☐ Other *(Specify)* _____	☐ Other *(Specify)* _____

9. Special Services
☐ Special Handling ☐ Special Delivery ☐ Certified No. _____ ☐ Return Receipt for Merchandise No. _____

10. Place of Mailing	Name and/or Address of Location Checked	
☐ Main Post Office ☐ Station or Branch ☐ Contract Station ☐ Collection Box ☐ Residence or Business	City and State of Location Checked	ZIP+4 for Location Checked

11. Contents of Article *(Describe in detail, size, color, brand name, serial no., and amount, etc.)*	12. Value $

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Part V

Processing Action Dates	
1. Search of Loose-In-Mails Section, Office of Origin	Date
2. Form 1510 Mailed to Addressee	Date
3. Form 1510 Mailed to Postmaster, Office of Address	Date
4. Form 1510 Referred to Dead Letter or Parcel Branch Serving Office of Mailing	Date
5. Form 1510 Referred to Dead Letter or Parcel Branch Serving Office of Addressee	Date
(Detach This Portion Before Sending to Customer)	

PS Form **1510,** April 1992

Part VI

Postal Customer: In response to your inquiry regarding the article described below, the following information is furnished.

☐ The article was received by the addressee.

☐ We were unable to locate the article. If later found, you will be advised. This information has been referred to the Postal Inspection Service for review and if additional information is needed, you will be contacted.

☐ We did not locate the article and the addressee failed to reply to our inquiry. You may wish to contact the addressee, requesting cooperation in this matter.

Date of Reply	Office	Postmaster

PS Form **1510,** April 1992

Do Not Detach

Part II-C

U.S. Postal Service

Mail Loss/Rifling Report

1. Complaint Date	2. Office Accepting Complaint *(City and State)*	3. Complaint ☐ Loss ☐ Rifling

4. Article Was Mailed By			5. Article Was Addressed To		
a. Name			a. Name		
b. Return Address As On Article Mailed			b. Address As On Article Mailed		
c. City	d. State	e. ZIP+4	c. City	d. State	e. ZIP+4
f. Day Telephone Number *(Include Area Code)*			f. Day Telephone Number *(Include Area Code)*		

6. Article Was Mailed				7. Article Was Sent	8. Type of Mail
a. Date			b. Time	☐ 1st-Class ☐ Parcel Post	☐ Letter ☐ Parcel
Month	Day	Year	(Hour) ☐ AM ☐ PM	☐ Other *(Specify)* _____	☐ Other *(Specify)* _____

9. Special Services

☐ Special Handling ☐ Special Delivery ☐ Certified No. _____ ☐ Return Receipt for Merchandise No. _____

10. Place of Mailing	Name and/or Address of Location Checked	
☐ Main Post Office ☐ Station or Branch ☐ Contract Station ☐ Collection Box ☐ Residence or Business	City and State of Location Checked	ZIP+4 for Location Checked
11. Contents of Article *(Describe in detail, size, color, brand name, serial no., and amount, etc.)*		12. Value $

PS Form **1510,** April 1992

REMINDER: Parts II-D and II-E should be mailed immediately to the Regional Chief Inspector. These are the only two copies that should be forwarded to the Inspection Service.

(Detach This Portion Before Sending to Regional Chief Inspector)

Part II-D

U.S. Postal Service

Mail Loss/Rifling Report

1. Complaint Date	2. Office Accepting Complaint *(City and State)*	3. Complaint ☐ Loss ☐ Rifling

4. Article Was Mailed By			5. Article Was Addressed To		
a. Name			a. Name		
b. Return Address As On Article Mailed			b. Address As On Article Mailed		
c. City	d. State	e. ZIP+4	c. City	d. State	e. ZIP+4
f. Day Telephone Number *(Include Area Code)*			f. Day Telephone Number *(Include Area Code)*		

6. Article Was Mailed				7. Article Was Sent	8. Type of Mail
a. Date			b. Time	☐ 1st-Class ☐ Parcel Post	☐ Letter ☐ Parcel
Month	Day	Year	*(Hour)* ☐ AM ☐ PM	☐ Other *(Specify)* _____	☐ Other *(Specify)* _____

9. Special Services

☐ Special Handling ☐ Special Delivery ☐ Certified No. _____ ☐ Return Receipt for Merchandise No. _____

10. Place of Mailing	Name and/or Address of Location Checked	
☐ Main Post Office ☐ Station or Branch ☐ Contract Station ☐ Collection Box ☐ Residence or Business	City and State of Location Checked	ZIP+4 for Location Checked

11. Contents of Article *(Describe in detail, size, color, brand name, serial no., and amount, etc.)*	12. Value $

PS Form **1510,** April 1992

SEND TO REGIONAL CHIEF INSPECTOR

REMINDER: Parts II-D and II-E should be mailed immediately to the Regional Chief Inspector. These are the only two copies that should be forwarded to the Inspection Service.

(Detach This Portion Before Sending to Regional Chief Inspector)

Part II-E

U.S. Postal Service

Mail Loss/Rifling Report

1. Complaint Date	2. Office Accepting Complaint *(City and State)*	3. Complaint ☐ Loss ☐ Rifling

4. Article Was Mailed By			5. Article Was Addressed To		
a. Name			a. Name		
b. Return Address As On Article Mailed			b. Address As On Article Mailed		
c. City	d. State	e. ZIP+4	c. City	d. State	e. ZIP+4
f. Day Telephone Number *(Include Area Code)*			f. Day Telephone Number *(Include Area Code)*		

6. Article Was Mailed				7. Article Was Sent	8. Type of Mail
a. Date			b. Time	☐ 1st-Class ☐ Parcel Post	☐ Letter ☐ Parcel
Month	Day	Year	*(Hour)* ☐ AM ☐ PM	☐ Other *(Specify)* _____	☐ Other *(Specify)* _____

9. Special Services

☐ Special Handling ☐ Special Delivery ☐ Certified No. _____ ☐ Return Receipt for Merchandise No. _____

10. Place of Mailing	Name and/or Address of Location Checked	
☐ Main Post Office ☐ Station or Branch ☐ Contract Station ☐ Collection Box ☐ Residence or Business	City and State of Location Checked	ZIP+4 for Location Checked

11. Contents of Article *(Describe in detail, size, color, brand name, serial no., and amount, etc.)*	12. Value $

PS Form **1510,** April 1992

SEND TO REGIONAL CHIEF INSPECTOR