U.S. POSTAL SERVICE

INFORMATION CONCERNING MAIL MATTER

YOUR FILE NO.	FILE DATE

TO *(Name of Postal Inspector)*	FROM *(Post Office)*	DATE
ADDRESS *(City, State and ZIP Code)*	The delivery of mail was not delayed while obtaining this information. _____ POSTMASTER	

THE FOLLOWING INFORMATION IS FURNISHED IN COMPLIANCE WITH YOUR REQUEST

ADDRESSEE	SENDER	RETURN ADDRESS	PLACE AND DATE OF POSTMARK	METER NUMBER	CLASS OF MAIL

MAIL THIS FORM IN TWO, OPAQUE ENVELOPES. DO NOT USE WINDOW ENVELOPES.
THE INNER ENVELOPE MUST BE MARKED "RESTRICTED INFORMATION."