UNITED STATES POSTAL SERVICE™

Irregularity Report of Insured and C.O.D. Mail

Postmark of Reporting Office

Instructions to Reporting Post Office:
Enter the name of the post office at fault in the address space. Complete description of article and indicate type of irregularity reported. Use back of form for describing irregularities not pointed out on this form. Mail the report directly to the post office at fault. **Note:** When report involves Item 11, send to the Inspector-in-Charge serving the reporting office. Do *not* send to the office at fault.

1. Address of Post Office at Fault *(City, State, and ZIP Code)*

To: • **Postmaster** •

Instructions to Postmaster of Office at Fault:
Please instruct employee at fault. If firm mailer is involved, request cooperation to prevent recurrence. Retain this form in your files for examination by Postal Inspectors or other authorized persons.

Description of Article

2. Name and Address of Sender	3. Insured or COD No.	4. Date of Mailing
5. Name and Address of Addressee	6. Station at Fault *(If mailed at station)*	

Irregularities *(Check applicable items)*

(✓)	At Mailing Office
	1. Excess weight or size.
	2. Address incomplete or illegible.
	3. Not stamped with elliptical insured stamp *(For unnumbered parcels)* or properly labeled *(for numbered insured or COD parcels).*
	4. Insured or COD number not shown on parcel or illegibly entered.
	5. Multiple forms used in connection with COD mail deficient in the following respects: (a) COD form illegible, (b) Minimum COD form requirements not met, or (c) Address label portion not attached to parcel.
	6. COD form not properly or legibly completed.
	7. COD charges shown on COD form different from those shown on parcel.
	8. Incorrect money order fee shown on COD form or parcel.
	9. Address on COD form different from wrapper.
	10. The mailer's request to alter COD charges or direct delivery to a new address is not accompanied with required service charge.

(✓)	Short-Paid
	11a. Proper amount of postage and fees $ _____ b. Postage and fees affixed at mailing office _____ c. Amount short-paid _____ d. Amount collected from addressee _____
	12. Other *(Describe):*

(✓)	At Address Office
	13. Prematurely returned to sender.
	14. Held in excess of proper retention period.
	15. Undeliverable insured or COD parcel not treated as abandoned in accordance with instructions of sender.
	16. Failure to send 3849-D as requested by sender.
	17. Other *(Describe):*