



DEPARTMENT OF THE AIR FORCE
PACIFIC AIR FORCES

MEMORANDUM FOR ALL PSC 80 POST OFFICE CUSTOMERS

FROM: 718 FSS/FSXP

SUBJECT: Statement of Acknowledgement for Mail Delivery and Receptacle Privileges

1. IAW DoD 4525.6-M, *Department of Defense Postal Manual*, C3.3.3.3, do not assign a receptacle to more than one person. Consider a sponsor and authorized family members as one person.

BOX OWNER RANK/NAME _____

DATE _____ DEROS _____ BOX# _____

CELL # _____ DOD ID# _____

PERSONAL E-MAIL(s): _____

DSN # _____ UNIT _____

(Please annotate all authorized dependents and additional last names used on the back of this form.)

2. I understand that as a mailbox receptacle holder, that I must follow all mail delivery receptacle guidelines, rules, and regulations:

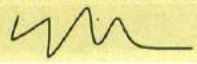
- a. I will not insert the name of the country I reside in, in my mailing address (e.g., Japan, Okinawa). _____ (Initial)
- b. I will check my mailbox receptacle weekly. _____ (Initial)
- c. I understand that it is my responsibility to fill out and submit a DD Form 2258, *Temporary Mail Disposition Instructions*, to either hold or forward my mail, when I will be away for longer than 15 days and unable to check my mail receptacle. _____ (Initial)
- d. If parcels are unclaimed after 15 days, a return to sender action will be initiated for those parcels. _____ (Initial)
- e. I will not use my mail receptacle to conduct private or commercial business under any circumstance. _____ (Initial)

SIGNATURE OF BOX OWNER

IN-PROCESSING

If sponsor is setting up a mailbox for an incoming person

- The sponsor can set it up no earlier than 30 days of the sponsee's arrival.
 - The sponsor needs a copy of the sponsee's orders/LOA/LOE (these orders/LOA/LOE must show that the sponsee will be working on Kadena).
- 1) If the sponsee meets the standards above, have the member fillout . . .
- A yellow "Inbound" slip. (**This slip also acts as a HOLD as well**)
 - Post Office will need a copy of the Sponsee's orders
 - Mailing Address (The Mail Box number will be provided, once the following step above have been completed.

NAME (Last, First, MI) (Print): Doe, John, S		RECEPTACLE NUMBER:
STATUS		
<input checked="" type="checkbox"/> ADV ASG	LEAVE	CONFINED
TDY	HOSPITAL	AWOL
EFFECTIVE DATES TO FWD OR HOLD MAIL (Yr, Mo, Day)		
FROM: 2020,03,24	TO: 2020,04,21	
<input type="checkbox"/> FORWARD ALL MAIL	<input checked="" type="checkbox"/> HOLD ALL MAIL	
INBOUND		
COMPLETE FORWARDING ADDRESS:		
Unit: 718 FSS		
Phone: 634-4458		
Sponsor: Jane Smith		
SPECIAL INSTRUCTIONS:		
SIGNATURE OF RECEPTACLE HOLDER		DATE (Yr, Mo, Day)
		2020, 03, 24

Here is an example of how the Inbound Slip is to be filled out by the sponsor for an incoming member.

Sponsee(Last name, First name)

Check or X through **ADV ASG**

FROM: Today's Date

TO: Arrival Date

Check or X through **HOLD ALL MAIL**

UNIT, PHONE(DSN) and **SPONSOR**(Name)

Signature: From the Sponsor

Date: Today's date