

NOTE: PRINT the City, State, and ZIP Code of your OLD address on the line provided below. The person signing this form states that he or she is the person, executor, guardian, authorized officer, or agent of the person for whom mail would be forwarded under this order. Anyone submitting false or inaccurate information on this form is subject to punishment by fine or imprisonment or both under Sections 2, 1001, 1702, and 1708 of Title 18, United States Code.

PRIVACY ACT: Filing this form is voluntary, but your mail cannot be forwarded without an order. If filed, your new permanent address will be provided to individuals and companies who request it. This will occur only when the requestor is already in possession of your name and old mailing address. Use Form 3576 to tell correspondents and publishers of address changes. Authorized 39 U.S.C. 404.

OFFICIAL MAIL FORWARDING CHANGE OF ADDRESS FORM			
U.S. Postal Service CHANGE OF ADDRESS ORDER		Instructions: Complete Items 1 thru 10. You must SIGN Item 9. Please PRINT all other items including address on face of card.	
		OFFICIAL USE ONLY	
1. Change of Address for: (See instruction #1 above) <input type="checkbox"/> Individual <input type="checkbox"/> Entire Family <input type="checkbox"/> Business		2. Start Date: Month Day Year	
3. Is This Move Temporary? (Check one) <input type="checkbox"/> No <input type="checkbox"/> Yes, Fill in		4. If TEMPORARY move, print date to discontinue forwarding: Month Day Year	
5. Print Last Name (include Jr., Sr., etc.) or Name of Business (if more than one, use separate form for each).		Date Entered on Form 3982 M M D D Y Y	
6. Print First Name (or Initial) and Middle Name (or Initial). Leave blank if for a business.		Expiration Date M M D D Y Y	
7a. For Puerto Rico Only: If OLD mailing address is in Puerto Rico, print urbanization name, if appropriate.		Clerk/Carrier Endorsement	
7b. Print OLD mailing address: House/Building Number and Street Name (include St., Ave., Rd., Ct., etc.).			
Apt./Suite No. or PO Box No.		or <input type="checkbox"/> RR/ <input type="checkbox"/> HCR (Check one) RR/HCR Box No.	
City		State ZIP Code ZIP+4	
8a. For Puerto Rico Only: If NEW mailing address is in Puerto Rico, print urbanization name, if appropriate.			
8b. Print NEW mailing address: House/Building Number and Street Name (include St., Ave., Rd., Ct., etc.).			
Apt./Suite No. or <input type="checkbox"/> PO Box No. / <input type="checkbox"/> PMB No. (Check one)		or <input type="checkbox"/> RR/ <input type="checkbox"/> HCR <input type="checkbox"/> PMB No./ <input type="checkbox"/> RR/HCR Box No.	
City		State ZIP Code ZIP+4	
9. Sign and Print Name (see conditions on reverse) Sign: _____ Print: _____		10. Date Signed: Month Day Year	
		OFFICIAL USE ONLY Verification Endorsement	