



Private Post Office Box – Application Form

P.O. Box Number:

To: **Postmaster General**

Date: _____

Name of Primary Renter: _____

Physical Address: _____

Telephone Number: _____

Email Address: _____

Up to (3) additional household addressees

Please indicate size of P.O. Box required:

Small

Large (12 inches x 6 inches)

1. _____

2. _____

3. _____

Please indicate desired location for P.O. Box:

General Post Office Welches Polyclinic Western Polyclinic West End Clinic

Rainbow Isles (Best Buy Supermarket – East)

Acknowledgement

By ticking the box or signing below, I acknowledge that I have read all terms and conditions of the **Rental Agreement and Schedule of Fees** and agree to abide by them.

Name: _____

Signature: _____

Date: _____