



Request For Exception To Current/Proposed Delivery Mode Due To Physical Hardship

Mail delivery by the current/proposed method imposes an extreme physical hardship on the customer named below, (Domestic Mail Manual 508 2.1.2).

A. CUSTOMER INFORMATION

Name of Customer _____

Delivery Address _____

City _____ State _____ ZIP Code™ _____

Telephone _____ Email _____

Customer Signature (required) _____ Date _____

B. CURRENT TYPE OF DELIVERY (Check one)

- Curblin/Rural Box, Apartment Box
- Neighborhood Delivery (Cluster Box)
- Other (please describe)

C. TYPE OF DELIVERY REQUESTED

Type of Delivery Requested _____

Physical Reason for Hardship Request (attach additional pages if needed)

D. REQUESTS FOR EXCEPTION

Requests for exception to current delivery mode to extreme physical hardship **must** be accompanied by evidence of the existence of the source of said hardship for example, enclosures, attachments, photographs, physician's statement or other suitable documentation. Advanced age, although a consideration, is not within itself a qualifying factor for a hardship exception. Provide any information which would apply to your request.

NOTE: Approval of exception to current method of delivery due to hardship is temporary and will be void when the hardship ceases to exist. The prevailing mode of delivery will then be reinstated. This request must be renewed annually (Postal Operations Manual 631.52e).

POSTAL SERVICE USE ONLY

The above request for a hardship delivery exception is:

- Granted** Effective Date _____
- Denied**, reason (use back if needed)

Postmaster/Manager Signature _____ Date _____

District Manager Signature (Signature required only for denied requests.) _____ Date _____