



MODE OF DELIVERY AGREEMENT (For new addressing)
 UNITED STATES POSTAL SERVICE PORTLAND DISTRICT
 ADDRESS MANAGEMENT SYSTEMS

Version 10/2014

****PLEASE COMPLETE ALL ITEMS ON LINES 1-11, OTHER APPLICABLE AREAS, AND SIGN!****

1. POST OFFICE NAME: _____ ROUTE #: C _____ R _____ or H _____
 2. ROUTE ZIP CODE _____ COUNTY NAME _____ CONGRESSIONAL DIST _____
 3. FULL & COMPLETE ADDRESS (S): _____

4. A PRINTED LOCAL GOVERNMENT VERIFICATION IS PROVIDED BY:
 CITY _____ COUNTY _____ COUNTY PROJECT (FROM RT R777) _____

5. CHECK ONE: _____ RESIDENTIAL _____ BUSINESS

6. CIRCLE ONE: _____ INFILL (1 to 5 Del.) _____ NEW CONSTRUCTION (Over 5 Del.)

7. CIRCLE ONE: _____ CURBSIDE _____ CBU _____ CENTRAL _____ SIDEWALK _____ OTHER _____

9. DELIVERY STATUS IF SINGLE ADDRESS: _____ ACTIVE _____ CDS NO-STAT

DELIVERY STATUS IF MULTI UNIT : _____ ACTIVE _____ CDS NO-STAT

(All Must be active) (New Permit or not fully occupied)

SEE BELOW

For Multi unit, or more than 5 deliveries, document which deliveries are active on Schematic

10. PRECEDING ADDRESS IN EDIT BOOK: _____

CONTRACTOR PURCHASE, INSTALLATION & MAINTENANCE RESPONSIBILITY IS AS FOLLOWS:

Contractor must provide concrete pads and equipment. Concrete pads are required to meet USPS specifications and any ADA requirements. Location and installation must be approved by USPS representative. Keys must be issued to residents. Residents of single-family homes must be informed of their ongoing responsibility for keys, box maintenance and box repair.

CENTRALIZED EQUIPMENT TO BE USED: _____

NOTE: On all multi-tenant delivery and/or rental situations, the building Owner/Manager will be responsible for necessary lock changes.

Multi-tenant delivery: Will Manager handle parcels? YES _____ NO _____

A. Multi-tenant delivery: Will Manager handle Accountable Mail? YES _____ NO _____

By signing below I acknowledge that the contractor responsibilities outlined above, for receiving mail delivery service, have been discussed with me.

PROPERTY DEVELOPER/MANAGER (Over 5 deliveries)

NAME: _____

TITLE: _____

TEL. #: () _____

DATE: _____

SIGNATURE: _____

USPS REPRESENTATIVE

NAME: _____

TITLE: _____

TEL. #: () _____

DATE: _____

SIGNATURE: _____

AMS DATABASE UPDATED

ADD _____ CHANGE _____ LACS _____

AMS TECHNICIAN _____

DATE: _____

11. PROJECT TYPE	# OF DELIVERIES
Office Bldg. # of Floors (_____)	
Shopping/Strip Mall	
Single Family Home (s)	
Condo(s)	
Townhouse (s)	
Apartment (s)	
Mobile Home Park	
Other (Specify)	