



**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)	