



Operation Santa Letter (Individual)

A. Customer Information *(Please print)*

Name <i>(Last, First, MI)</i>	Address <i>(Number, street, suite, etc.)</i>
City	
State	ZIP+4®
Telephone Number <i>(Include area code)</i>	Signature

Privacy Act Statement: Your information will be used to fulfill your request for seasonal letters which the USPS® identifies as undeliverable as addressed. Collection is authorized by 39 USC 401, 403, 404. Providing the information is voluntary, but if not provided, we may not fulfill your request. We do not disclose your information to third parties without your consent, except to facilitate the transaction, to act on your behalf or request, or as legally required. This includes the following limited circumstances: to a congressional office on your behalf; to financial entities regarding financial transaction issues; to a USPS auditor; to entities including law enforcement, as required by law or in legal proceedings; and to contractors and other entities aiding us to fulfill the service (service providers). For more information regarding our privacy policy, visit us at usps.com.

B. Agreement for Acceptance of Letters to Santa from the United States Postal Service®

The individual identified above agrees to the following for participation in this program:

1. Personal information contained in the selected letters will remain in the sole control of the U.S. Postal Service.
2. Responses to letters must be age-appropriate.
3. Responses to letters must be ready for mailing with the assigned numeric code placed in the return address area. The Post Office address will be used as the return address.
4. Responses to letters must be brought to the designated Post Office™ for payment of postage and to be addressed to the child's parent or guardian by a U.S. Postal Service employee.
5. Items returned as undeliverable or refused will be donated or destroyed by the U.S. Postal Service.

C. Postal Service™ Use Only

Valid photo identification with matching name and home address must be presented and verified. ***(If valid ID is not presented, the customer request must be denied.)***

Yes *(Identification presented and ID and address verified)*

Verifying Employee's Signature _____

_____ Total number of letters provided for review. *(Not to exceed 10)*

D. Assigned Code(s) of Selected Letter(s)

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____

E. Postal Service Use Only

_____ Total number of letters selected. *(Not to exceed 10)*

Employee's Initials _____

Date *(MM/DD/YYYY)* _____

Customer ID# *(if applicable)* _____