



Before completing form, see instructions on page 2.

Sender's Request for USPS Package Intercept™ Service

A. Request for Service

*1. Please intercept the mail described below and redirect to the return address. **Important:** To help us locate your mail, please print legibly and provide complete information. *Indicates a required field.

Note: An item to be intercepted **must** be addressed to a domestic address and be considered a mailable item. (See instructions, A.1.)

Class of Mail: <input type="checkbox"/> Express Mail® <input type="checkbox"/> Priority Mail® <input type="checkbox"/> First-Class Mail® <input type="checkbox"/> First-Class Package Service™ <input type="checkbox"/> Parcel Select® <input type="checkbox"/> Package Services (i.e., Parcel Post®, Bound Printed Matter, Library Mail, Media Mail®)	Shape: <input type="checkbox"/> Letter <input type="checkbox"/> Large Envelope <input type="checkbox"/> Parcel	Extra Service / Tracking Barcode Number:	
		<input type="checkbox"/> Registered Mail™ No.	<input type="checkbox"/> Certified Mail® No.
		<input type="checkbox"/> Insured No.	<input type="checkbox"/> Delivery/Signature Confirmation™ No.
		<input type="checkbox"/> Adult Signature No.	<input type="checkbox"/> COD No.
		<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Other

*2. Postage type Stamps PC Postage® Meter Permit Imprint: Permit No:

3. Mailed from ZIP Code™ (or city and state):

*4. Date mailed (MM/DD/YYYY):

5. Other package identifiers (Describe identifiers such as flat rate, dimensions, color, graphics, pictures.)

*6. Complete addressing information

(a) How was the article addressed?	(b) Addressed to:	(c) Return address:
<input type="checkbox"/> Handwritten	Name:	Name:
<input type="checkbox"/> Printed label	Street/PO Box:	Street/PO Box:
<input type="checkbox"/> Other (Describe)	City, State, ZIP Code:	City, State, ZIP Code:

B. Statement of Understanding

I understand that the fee to initiate Package Intercept service is nonrefundable, and there is no guarantee that the item can be intercepted before delivery. I also understand that the intercepted mail will be redirected back to the sender's return address and may incur postage due at the applicable price to be paid upon delivery by the sender.

*1. Signature of applicant	*2. Date (MM/DD/YYYY)	*3. Applicant's address
4. Signature and title of agent (If signed as agent)	*5. E-mail	
6. Firm/company name	*7. Telephone number	

C. Processing of Application (for Postal Service use only)

1. Application accepted by (Name of employee at accepting Post Office™)	2. Initiating Post Office (City, State, ZIP Code)	3. Date and time received (MM/DD/YYYY HH:MM)
4. Telephoned to (Destination Post Office)	5. Copies sent to (List by ZIP Code)	6. Returned by (Name of employee at receiving Post Office)

7. Instructions to Accepting Post Office: Affix Postage Validation Imprint (PVI) for payment of Package Intercept service fee in the box at the right. 	8. Instructions to Receiving Post Office: If mail described in A.1 is found, return to the address listed on the mailpiece.
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Instructions

Use this form to request the interception of an item sent through the Postal Service before it is delivered. Submit completed form and pay the applicable fee at your nearest Post Office. Complete each section as indicated:

A. Request for Service:

1. Complete this section to provide all required information on the item to be intercepted. Package Intercept is not available for any non-mailable item or a mailpiece that bears surface-only transportation markings, such as Label 127, *Surface Mail Only*, or bears other hazardous materials markings, such as *Consumer Commodity ORM-D*.

Indicate the class of mail of the item sent, the shape of the item, and the extra service barcode or tracking number.

Letter, flat, and parcel are defined below.

Letter-size mail is:

- a. Not less than 5 inches long, 3½ inches high, and 0.007-inch thick.
- b. Not more than 11½ inches long, 6 1/8 inches high, or ¼-inch thick.
- c. Rectangular shaped envelope or cardstock.

Flat or large envelope-size mail is:

- a. More than 11½ inches long, 6 1/8 inches high, or ¼-inch thick.
- b. Not more than 15 inches long, 12 inches high, or ¾-inch thick.
- c. Flexible.
- d. Rectangular shaped envelope, catalog, or polybagged item over ¼-inch thick.

Parcel-size mail:

- a. May include items such as a large roll, mailable plastic containers, large Priority Mail Flat Rate® boxes, or ordinary brown corrugated boxes.
 - b. May not weigh more than 70 pounds.
 - c. May not measure more than 108 inches in length and girth combined.
2. Indicate the type of postage used on the item to be intercepted.
 3. Enter the ZIP Code or city and state where the item was mailed.
 4. Enter the date the item was mailed.
 5. Provide complete addressing information as it appears on the item to be intercepted, including the sender's return address.

B. Statement of Understanding.

Applicant must read the statement of understanding, sign the form, and provide all required information.

C. Processing Application

- *Applicants/customers:* Do not complete this section.
- *Employees:*
 - See Package Intercept operational guide for instructions.
 - Retain PS Form 1509 for one calendar year.