The undersigned request rural mail service from your post office. Petitioners not receiving mail on route should show complete mailing address in last column to insure notification of action taken.

When the petition has been completed, submit it to the postmaster of the office from which service is desired.

TO: •
   Postmaster

(Include City, State and ZIP + 4 Code)

<table>
<thead>
<tr>
<th>Name of Head of Family</th>
<th>No. of Pieces of Mail Received Daily (Average)</th>
<th>Distance From Nearest</th>
<th>Office Through Which Service is Now Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Rural Route</td>
<td>Highway Contract Route</td>
</tr>
</tbody>
</table>

Briefly Describe the Location of the Residences
INSTRUCTIONS TO POSTMASTER: Without incurring any expense to the U.S. Postal Service, supply the information requested below and send this form, together with amended Form 4003, Official Rural Route Description, and any related papers, to the Management Sectional Center. USE A SEPARATE FORM 4027 FOR EACH EXTENSION OR CHANGE.

Prepare a sketch of the area; indicate the change desired in red pencil and omissions in yellow pencil. Show by pencil dots the locations of the residences of families to be benefited and by cross-marks the locations of those who will be inconvenienced. Write on the sketch the local names of all corners and points involved.

See Section 157.22, Domestic Mail Manual, for instructions pertaining to box delivery contract route extensions.

For proper completion of this form, it is not necessary to obtain the actual signatures of those who will benefit as a result of this change unless the customers are presently served by some other post office. However, you should insert all the names of the family heads as well as the other related information in the appropriate columns.

1. On the attached Form 4003 the proposed change is shown on line(s) (Form 4003 contains instructions for completion.)

<table>
<thead>
<tr>
<th>2. Number of Families</th>
<th>3. Daily Mileage Added by This Change</th>
<th>4. Number of Boxes</th>
<th>5. Number of Vehicle Stops</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit</td>
<td>Not Formerly Served</td>
<td>Present</td>
<td>Proposed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Regular</td>
<td>Central</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Regular</td>
<td>Central</td>
</tr>
</tbody>
</table>

6. Does the Request Duplicate Service? (If yes, give details in Item 10)

7. Are the Roads to be Traveled Private?

8. Are the Roads Maintained and in Good Condition and Passable Throughout the Year? (If not, give details in Item 10)

9. Do you Recommend that the Service be Provided? (If no, state reasons in Item 10)

10. Remarks

Consult the rural carrier concerning this proposal and attach any statement submitted.

Date
Postmaster's Signature
City, State and ZIP + 4 Code
Rural Route No.

PS Form 4027, September 1988 (Reverse)