

Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

1. Date

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 7 or 10, and that the identification listed in box 8 is valid.

2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)		3a. Address to be Used for Delivery (Include PMB or # sign.)		
		3b. City	3c. State	3d. ZIP + 4®
4. Applicant authorizes delivery to and in care of:		5. This authorization is extended to include restricted delivery mail for the undersigned(s):		
a. Name				
b. Address (No., street, apt./ste. no.)				
c. City	d. State	e. ZIP + 4		
6. Name of Applicant		7a. Applicant Home Address (No., street, apt./ste. no)		
8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification.		7b. City	7c. State	7d. ZIP + 4
a.		7e. Applicant Telephone Number (Include area code)		
b.		9. Name of Firm or Corporation		
		10a. Business Address (No., street, apt./ste. no)		
		10b. City	10c. State	10d. ZIP + 4
Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.		10e. Business Telephone Number (Include area code)		
12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.)		11. Type of Business		
13. If a CORPORATION, Give Names and Addresses of Its Officers		14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.		
15. Signature of Agent/Notary Public		16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)		

Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

Privacy Act Statement: Your information will be used to authorize the delivery of your mail to the designated addressee as your agent. Collection is authorized by 39 USC 401, 403, and 404. Providing the information is voluntary, but if not provided, we cannot provide this service to you. We do not disclose your information without your consent to third parties, except for 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; to contractors and other entities aiding us to fulfill the service; and for the purpose of identifying an address as an address of an agent who receives mail on behalf of other persons. Information concerning an individual who has filed an appropriate protective court order with the postmaster will not be disclosed except pursuant to court order. For more information on our privacy policies, see our privacy link on usps.com®.

St. Brendan's Isle, Inc.

Instructions for completing US Postal Service Form 1583

- Block 1. Date
- Block 2. Your Name(s) or Business name. If for a joint account, spouses may complete just one form (both spouses must sign and fill out form), however, EACH must provide the identification described in Block 8. If you will be receiving mail for your business **a separate form is required for each business.**
- Block 3. This is your new address:
3a: 411 Walnut Street # 3b: Green Cove Springs,
3c: FL 3d: 32043-3443
- Block 4. Fill in the following information:
4a: St. Brendan's Isle 4b: 411 Walnut Street
4c: Green Cove Springs 4d: FL
4e: 32043-3443
- Block 5. Each person sign here if you want to authorize SBI to sign for incoming Restricted Delivery Mail. Restricted Delivery Mail must be signed by the addressee or the authorized agent. If you do not sign here Restricted Delivery Mail will be returned to sender.
- Block 6. Your name(s) again. If you have children that will receive mail here, put their names in Block 12
- Block 7. Your home address. Address on Driver's License, Boat/RV registration or document number, etc. is acceptable. If you have no "official" address (if you are a Cruiser or RV Full-Timer), then the below is quoted directly from the US Postal Service and is the preferred method in any case.
- Question: **How can someone who lives in a motor home or on a boat meet the identification requirements?**
US Postal Service Answer: The make, model, color, license plate number and state of registration of the motor home or boat would identify the place of residence.
- Therefore, unless there is an overwhelming reason otherwise, use a description of your vessel or RV and the appropriate registration/document numbers in block 7.*
- Block 8. Leave this blank, we will fill in the info you provide, HOWEVER, you MUST enclose a photocopy of TWO sources of identification for each person, one of which MUST be a "Picture ID". For example, a photocopy of your driver's license (if it has a picture) and corporate ID (from your place of employment) would be acceptable. Please note Social Security cards, credit cards and birth certificates are specifically excluded by the US Postal Service and are not acceptable. Acceptable non-photo ID includes voter registration cards, insurance policies, utility bill from your old address, anything with a traceable number. **Most of our customers use a copy of their Drivers License and a copy of their Passport.**
- Note: Blocks 9 through 14 only apply if you will be receiving mail for a business from this address; the exception is listing children's names in block 12. If you will be receiving business mail at this address a SEPARATE PS 1583 MUST BE COMPLETED FOR EACH BUSINESS.**
- Block 9. If you are using this address for to receive mail for a business, the name of the business goes here. i.e., "John's Boat Repair Service" or "XYZ Consulting", etc.
- Block 10. Your last business address. The address you used to operate your business from before using our service.
- Block 11. What your business does.
- Children? -> Block 12. If you are a Firm, your names go here ALSO NOTE: IF YOU HAVE CHILDREN RECEIVING MAIL AT OUR ADDRESS, LIST THEM HERE
- Block 13. If you are incorporated, enclose names and addresses of corporate officers.
- Block 14. If your business name is a registered trademark, give registration details, otherwise leave blank.
- Block 15. **MOST IMPORTANT! Please read closely.** Have the Notary sign and place their stamp/seal here. By signing the Notary is indicating that he/she has sighted the Identification you have presented (see Block 8 above), and is witnessing your signature, nothing more.
- Block 16. Sign here (**Both Spouses must sign form**), IN THE PRESENCE of the Notary and return forms to: St. Brendan's Isle, 411 Walnut Street, Green Cove Springs, FL 32043, **NOT TO THE POST OFFICE!**