

Post Office Box Fee Register

1. Customer Name(s)					11. Box Number		
2. Address <i>(Cross out old address & list changes of address on reverse)</i>		12. Fee Paid					
		Receipt No.	Amount	Date	Periods		Next Due Date
6 Mo.	12 Mo.						
3. Agent <i>(If applicable)</i>							
4. Fee Group for This Box <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	5. Size of Box Held by Customer <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5						
6. Date First Period Effective	7. Date Box Surrendered						
8. Remarks							
9. Current Semi-Annual Fee for This Box							
10. Current Combination or Serial No. of Key(s)							

List Changes of Address *(Cross out old address when new address is entered)*