



Status Change Request/Report
(Check all that apply)

A. Post Office Undergoing Status Change (Complete for ALL requests)

1. Name		2. State
3. ZIP Code	4. Finance Number	5. District
6. County/Parish		7. Area

B. Establish A New ZIP Code

1. New ZIP Code		2. ZIP Code Type	
3. Facility Name		<input type="checkbox"/> Delivery Area..... Will PO become multicoded? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PO Box..... Number of mailboxes in new ZIP: _____ <input type="checkbox"/> Unique..... Will mail be received in bulk? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared..... Shared ZIP for what mail type? <input type="checkbox"/> BRM <input type="checkbox"/> CRM	
4. Last Line Name for ZIP Code		6. Average Daily Work Hours/Average Daily Dollar Amount?	
5. Number of unused ZIP Codes in this 3-Digit Area		<input type="checkbox"/> Saved <input type="checkbox"/> Avoided _____ (Hours) (\$ Amount)	
7. Service Improvement Only	8. Requested Effective Date		
<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		

C. Establish A New Facility

1. Facility Name		2. Facility Type		3. Effective Date
		<input type="checkbox"/> Station <input type="checkbox"/> Branch <input type="checkbox"/> Other <input type="checkbox"/> Contract <input type="checkbox"/> Station <input type="checkbox"/> Branch		/ /

D. Establish Delivery In A Previous Non-Delivery Office

1. ZIP Code	2. Effective Date
	/ /

E. Discontinue A Post Office

1. <input type="checkbox"/> Consolidate <input type="checkbox"/> Close	2. Effective Date:	3. Retain as Place Name?	4. Retain ZIP Code?
	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. New Administrative Post Office		6. Facility From Which Mail Will be Delivered (check all that apply)	
a. Name (City, State, and ZIP Code)		a. <input type="checkbox"/> Main Office <input type="checkbox"/> Classified Station <input type="checkbox"/> Classified Branch <input type="checkbox"/> GPO	
b. County	c. Finance Number	b. New Last Line for Addresses (City, State and ZIP Code)	
		c. Discontinuance Contact Name	
d. Discontinuance Contact Name			

F. Discontinue ZIP Code

1. ZIP Code	2. Effective Date
	/ /

G. Amend/Rescind Postal Bulletin

1. PB Number	2. Date	3. Explain (Continue on reverse)
	/ /	

H. Other Status Changes/Comments

(Continue on reverse if necessary)

ZIP Code Translation Table

From	To	From	To

I. Approval And Date (Signature and Date)

All requests MUST HAVE this Section completed.	District Mgr., CSS	HQ Mgr., PC Ops.
District Mgr., AMS	BMC Mgr.	HQ Mgr., Priority Mail Network
District Mgr., OPS	PMPC Mgr.	HQ Mgr., NDC Ops.
District Mgr., P&D	Area Mgr., DPS	Mgr., Address Mgmt.