



Pictorial Postmark Announcement/Report

Complete this announcement and send it to:

PICTORIAL POSTMARK PROGRAM MANAGER
STAMP SERVICES
US POSTAL SERVICE
1735 N LYNN ST RM 5016
ARLINGTON VA 22209-6432

Fax: 703-292-4183
PictorialPostmarks@usps.gov

Insert pictorial postmark copy HERE
(camera ready or reproducible.)

It must not be larger than 4" horizontal x 2" vertical
(the dimensions of this box)

Temporary Station Information

Postal Service™ Contact
(Name, address, telephone)

Station Date(s)

Sponsor

Station Name

Complete Street Address
(No., street, ste./apt.) or
P. O. Box Number

City, State, ZIP+4®

Mail Postmark Requests to: *(Address for Customer Mailback Service)*

Station Name

Addressee Name
(Usually "Postmaster")

Complete Street Address
(No., street, ste./apt.) or
P. O. Box 9998

City, State, ZIP+4

Postmark Report: Following event, resubmit this form as a postmark report to Pictorial Postmark program manager.

TO:

PICTORIAL POSTMARK PROGRAM MANAGER
STAMP SERVICES
US POSTAL SERVICE
1735 N LYNN ST RM 5016
ARLINGTON VA 22209-6432

Total number of pieces serviced during the authorized postmark period

Resubmit report following event.

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