

• SERVICE REQUESTED •

Incline Village & Crystal Bay
Post Office Box

- Weekly Pick up & Forward
\$15 per pick up
(Varies depending on how many Fridays in the month)
- Bi-Monthly Pick up & Forward
\$15 per pick up (\$30 per month)
- Monthly Pick up & Forward
\$15 per pick up (\$15 per month)

Pick up from:

- 1. PO Box # _____ CB Box Combo: _____ - _____ - _____
- 2. PO Box # _____ CB Box Combo: _____ - _____ - _____
- 3. PO Box # _____ CB Box Combo: _____ - _____ - _____

Incline Village
Cluster Box or Home Mail Box

- Weekly Pick up & Forward
\$25 per pick up
(Varies depending on how many Fridays in the month)
- Bi-Monthly Pick up & Forward
\$25 per pick up (\$50 per month)
- Monthly Pick up & Forward
\$25 per pick up (\$25 per month)

Pick up from:

- 1. Box Location: _____
- _____
- Mail Box Cluster Box # _____ Box /Key # _____

All services are payable in advance on a monthly basis.
Forwarding postage cost will be billed to client after each month of forwarding.

• MAIL SORTING •

Mail is sent first class in one envelope unless stated otherwise.

- | | | | | | |
|-------|--------------------------------------|-------------------------------|-----------------------------------|------------------------------------|----------------------------------------|
| Send: | <input type="checkbox"/> First Class | <input type="checkbox"/> Bulk | <input type="checkbox"/> Catalogs | <input type="checkbox"/> Magazines | <input type="checkbox"/> Special _____ |
| Hold: | <input type="checkbox"/> First Class | <input type="checkbox"/> Bulk | <input type="checkbox"/> Catalogs | <input type="checkbox"/> Magazines | <input type="checkbox"/> Special _____ |
| Toss: | | <input type="checkbox"/> Bulk | <input type="checkbox"/> Catalogs | <input type="checkbox"/> Magazines | <input type="checkbox"/> Special _____ |

• CLIENT INFORMATION •

Name: _____

Phone: _____ Email: _____

Forwarding Address 1: _____

Forwarding Address 2: _____

Forwarding Address 3: _____

Additional Names on mail being forwarded: _____

Special Instructions: _____

I give Incline Mail Service permission to become my agent and pick up my mail, forward as stated above, and pay accordingly.

Start Date: _____ Signature: _____

Mail first month payment, key(s) and forwarding agreement to:
Incline Mail Service - PO Box 5722, Incline Village, NV 89450
775.831.1177 email: info@InclineMailService.com www.InclineMailService.com