



POST OFFICE OUTPROCESSING FORM

Revised: 3 Nov 23



**Please complete & return within 1 week of base departure.*

Box #: _____

Rank: _____ Last Name: _____ First Name: _____ MI: _____

DoDID#: _____

FORWARDING ADDRESS:

Street Address: _____

City: _____ State: _____ Zip Code: _____

DATE TO START FORWARDING MAIL: _____ SIGNATURE: _____

(cannot be more than 1 week from date signed)

*Please note to change your address for any letter mail (bills, banks statements, USAA, etc.) you receive and subscriptions (magazines, IPSY, dollar shave club, etc). It greatly reduces the amount of mail we receive and ensures it makes it to your correct address in a timely manner.

FOR POSTAL PERSONNEL:

Postal Clerk: _____

Address Updated in AMPS:

VMPF:

Closed box on floor:

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