RETURN TO MAIL CENTRE EMPLOYEE PRIOR TO DEPARTURE

CHANGE OF ADDRESS ORDER Please PRINT all other items including address on face of card.		OFFICIAL USE ONLY Zone/Route ID No.			
1. Change of Address for: (See instruction #1 above) 2. Start Date: Month Day Year] ;		1		1
☐ Individual ☐ Entire Family ☐ Business ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	100			on For	m 398
3. Is This Move Temporary? (Check one) If TEMPORARY move, print No Yes. Fill in date to discontinue forwarding: Month Day Year	M	M	l D	D	YY
No Yes, Fill in ✓ date to discontinue forwarding: ✓ date to discontinue forwar	+		pirati	ion Dat	e
2. Fint Last Name (include dr., ot., etc.) of Name of Business (in more than one, use separate form for each).	М	M	D	D	Y)
6. Print First Name (or Initial) and Middle Name (or Initial). Leave blank if for a business.	Cle	rk/Ca	arrier	Endors	semer
7a. For Puerto Rico Only: If OLD mailing address is in Puerto Rico, print urbanization name, if appropriate.					194
	1				1
7b. Print OLD mailing address: House/Building Number and Street Name (include St., Ave., Rd., Ct., etc.).					
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Apt./Suite No. or PO Box No. or □RR/□HCR (Check	k one) R	R/HC	R Box	No.
	1 1	- [-		į
City State ZIP Code)	-	-	ZiP-	+4
		-			1
Ba. For Puerto Rico Only: If NEW mailing address is in Puerto Rico, print urbanization name, if appropriate.					
	1	1	1		
Bb. Print NEW mailing address: House/Building Number and Street Name (include St., Ave., Rd., Ct., etc.).	neuhonnunteeuna	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	adura umagrassada asse	
	i				1
Apt./Suite No. or ☐ PO Box No. / ☐ PMB No. (Check one) or ☐ RR/☐HCR ☐ P	MB N	lo./	RR/H	HCR Bo	ox No
	!!	1	-	-	
City State ZIP Code	3			ZIP	+4
		-		1 1	1
9. Sign and Print Name (see conditions on reverse) Month Day Year OF	FICI	AL U	SE C	NLY	
Sign:	Endo	rsem	ent		
Sidiled. !!!!!					