

A Mailer Action

**Note To Mailer:** The labels and volumes associated to this form online **must** match the labeled packages being presented to the USPS® employee with this form.

Shipment Date: 01/28/25

Shipped From:

Name: PW PW

Address: 12045 168TH ST

City: JAMAICA

State: NY ZIP+4: 11434-9993

| Type of Mail             | Volume |
|--------------------------|--------|
| Priority Mail Express®*  | 0      |
| Priority Mail®           | 0      |
| USPS Ground Advantage™   | 50     |
| Returns                  | 0      |
| International*           | 0      |
| USPS Connect™ Local      | 0      |
| USPS Connect™ Local Mail | 0      |
| USPS Connect™ Regional   | 0      |
| Other                    | 0      |
| Total                    | 50     |

<sup>\*</sup>Start time for products with service guarantees will begin when mail arrives at the local Post Office™ and items receive individual processing and acceptance scans.

B. USPS Action

USPS EMPLOYEE: Please scan upon pickup or receipt of mail. Leave form with customer or in customer's mail receptacle.

**USPS SCAN AT ACCEPTANCE** 



9275 0903 1913 2100 0000 8829 63