

ESCAPEES MAIL FORWARDING SERVICE RATES

CATEGORY A

Receives all classes of mail

| | |
|------------------------|-------|
| Annual fee..... | \$110 |
| Postage deposit..... | \$50 |
| Enrollment fee..... | \$15 |
| Cancellation fee | \$35 |

Category A Total \$210

CATEGORY B

Requests special class of mail

| | |
|------------------------|-------|
| Annual fee..... | \$130 |
| Postage deposit..... | \$50 |
| Enrollment fee..... | \$15 |
| Cancellation fee | \$35 |

Category B Total..... \$230

CATEGORY C

Requests special mail sorting -
 please call for more information

| | |
|------------------------|-------|
| Annual fee..... | \$150 |
| Postage deposit..... | \$50 |
| Enrollment fee..... | \$15 |
| Cancellation fee | \$35 |

Category C Total..... \$250

Package & Certified Fees:

| | |
|---|--------|
| Certified..... | \$.75 |
| Packages | \$1.00 |
| Oversized packages (any side > 30") | \$5.00 |

Package Storage Fees:

| | |
|--------------------------------|---------|
| After 30 days..... | \$5.00 |
| Per 30 days after 60 days..... | \$10.00 |

BUSINESS RATES AVAILABLE UPON REQUEST.

*If you have a business and would like to receive your business mail through Escapees Mail Forwarding Service, you MUST call for approval. If you will be receiving final mail for a closed business, please include the business name. If you are going to receive mail addressed to a business name or someone other than yourself or spouse, you must call in for prior approval. You must complete a separate 1583 for each business.

List all names, middle names, former names, maiden names, nicknames, initials, and business names* that might appear on your mail.

With proper documentation, also please list, POA, Deceased, Trust etc.

You must be a member of Escapees RV Club to join the Escapees Mail Forwarding Service. You cannot join the Escapees Mail Forwarding Service at the Florida or South Dakota locations. Please contact Escapees at 936.327.8873 or mailservice@escapees.com.

SPECIAL NOTE: Category "A" must receive all mail.

Category "B" and "C" members only:

Check the classes of mail you want forwarded:

- First-class only Nonprofit Newsletters Advertisements Catalogs Magazines Newspapers Travel Guide/Directories

Note: We will continue our policy of forwarding third-class mail that appears to be important, all other mail will be discarded.

SCANNING SERVICE OPTION (FIRST CLASS ENVELOPES ONLY):

If you are interested in mail scanning please call for additional information.

\$10 monthly or \$100 yearly option - \$.50 per page for scanning content of envelope.

SPECIAL NOTE: Escapees RV Club related mail, e.g. ESCAPEES magazine, membership renewals, etc., will be converted to your Escapees Mail Forwarding Service address unless you request otherwise.

We are unable to accept or forward the following items: • **Perishables • Refrigerated • Hazardous • Liquids • Alcohol • Ammunition • Firearms • Tobacco**

Date processed: _____

PMB: _____

Member name(s): _____

SKP #: _____

Send new Escapees Mail Forwarding Service card to: _____

Phone #: _____

YOU MUST CONTACT US TO START YOUR MAIL SCHEDULE

Email: _____

Terms & Conditions

1. This Agreement is made and entered into between Escapees, Inc. ("Escapees") and the Member under the terms set forth herein.
2. Each individual or entity must complete a separate U.S. Postal Service Form 1583 to be authorized to receive mail or packages at Escapees Mail Forwarding Service. Photocopies of the identification must be included.
3. This Agreement, Form 1583 and your address shall remain confidential; however, this information may be disclosed upon request of any law enforcement or other governmental agency, or when legally mandated.
4. Member agrees to complete all necessary documents, including Form 1583 and any required acknowledge form relating to service of process. Member further agrees to sign an updated version of Form 1583, upon request, if any information contained therein changes.
5. Member agrees to keep a minimum of \$25 in their postage account. If the account has a negative balance, Escapees may suspend service until account is brought current and/or terminate service at its sole discretion.
6. Upon expiration, cancellation, or termination of this Agreement, Escapees Mail Forwarding Service will:
 - a. Forward Member's first-class mail for six (6) months, provided Member pays the postage in advance and supplies a forwarding address. Post Office will not accept a change of address order.
 - b. Discard or destroy any "Unsolicited Mail," e.g., bulk mail, catalogs, etc., delivered to Escapees Mail Forwarding Service.
 - c. If a member fails or refuses to provide a forwarding address, then his or her mail may be held for up to six months and then returned to sender.
7. Six (6) months after the expiration, cancellation, or termination of this Agreement, Escapees Mail Forwarding Service will refund any unused postage. Escapees Mail Forwarding Service will return to sender any first-class mail or packages addressed and delivered to the Escapees Mail Forwarding Service.
8. Member agrees that all other fees are non-refundable.
9. All Escapees Mail Forwarding Service accounts with multiple owners are held as joint tenants with rights of survivorship.
10. Member agrees that items remaining after 6 months (or 30 days after notice is sent by Escapees to Member to remove such items) shall be considered abandoned. Member agrees that Escapees at its sole discretion may dispose of any items not picked up or mailed after such time, without any compensation or obligation to Member whatsoever. Member releases Escapees from any claims or damages whatsoever from such disposition. Further, Escapees may reject, or if accepted, advise Member to remove heavy, oversized, unwieldy or large items, and Member shall do so within 30 days of such notice or be charged a storage fee determined by Escapees.
11. The Postal or Escapees Mail Forwarding Service may return mail without a proper address, endorsed "Undeliverable as Addressed."
12. A PMB may not be used for, or in connection with, a scheme or enterprise that violates any federal, state, or local law. See www.federalregister.gov/d/2023-10536/p-35
13. THESE TERMS AND CONDITIONS ARE CHANGEABLE AT ANY TIME AT ESCAPEES SOLE DISCRETION.

Disclaimer and Waiver of Damages: Escapees shall have no liability for damages, direct, indirect, consequential or otherwise to any person, authorized agent, organization, or institution as a result of the use of this service, and Member waives and releases all such claims for damages. Notwithstanding such, Member agrees that Escapees' maximum liability, if any shall not exceed \$25, irrespective of any claim or category, including attorney's fees. THIS AGREEMENT IS GOVERNED BY TEXAS LAW AND EXCLUSIVE JURISDICTION AND VENUE RELATING IN ANY WAY TO THIS AGREEMENT, INCLUDING DISPUTES, SHALL LIE SOLELY IN SAN ANTONIO, BEXAR COUNTY, TEXAS.

Acknowledgement: I have read and agree to the terms and conditions of this contract.

Signature of owner: _____ **Date:** _____

Signature of owner: _____ **Date:** _____

EMERGENCY RECORD INFORMATION SHEET

IN CASE OF EMERGENCY, PLEASE NOTIFY: (DO NOT LIST ACCOUNT HOLDERS)

NAME: _____ PHONE: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____

In the event of member's death or incapacity, I authorize the following person as my authorized agent for purposes of this agreement; however, legal documentation if provided will supersede this.

NAME: _____ **PHONE:** _____ **RELATIONSHIP:** _____

Escapees Mail Forwarding Service will release your location to law enforcement personnel with proper documentation.

Prices subject to change.

Category A—\$210 Category B—\$230 Category C—\$250 Scanning Service— \$10 Monthly, \$100 Yearly

Method of payment: Check #: _____

Credit Card:    Card#: _____ Exp. date: _____

In order to utilize Escapees Mail Forwarding Service, I understand that I must be a member of Escapees RV Club. If I am not currently a member, I also authorize Escapees to charge my credit card \$49.95, the cost of a one-year membership.

SIGNATURE AS IT APPEARS ON CREDIT CARD: _____

ESCAPEES: HOME

South Dakota Agreement

____ I elect to use ESCAPEES: HOME as an additional (optional) Escapees Mail Forwarding Service benefit.

____ I understand that my mailing address will be:

____ Rainbow Dr, # _____
Livingston, TX 77399- _____

____ But that I may use the following address as my physical address for state-specific documents such as driver license and voter registrations:

316 Villa Drive # _____
Box Elder, SD 57719

____ I understand that when any mail comes directly to South Dakota, my mail will be forwarded to Escapees Mail Forwarding Service in Livingston, TX for processing according to my instructions.

____ I understand that use of the South Dakota address does not require an additional mailbox rental fee, but that I will pay \$1 for each piece of mail that the park forwards for me.

____ I agree that this agreement shall serve as a written modification to the Escapees Mail Forwarding Service Agreement. I agree to abide by all of the terms of the Escapees Mail Forwarding Service Agreement and with the terms contained in this agreement. I agree that if one of the terms of the Escapees Mail Forwarding Service Agreement, or this agreement, is found to be void or invalid, the void or invalid term shall not impair the rest of the terms of either agreement.

____ I understand that I should not have packages delivered to this address. I also, understand that this address is for state-specific mail and domicile-related mail. Packages sent to this address will incur additional postage and handling costs.

Packages or items received that are overweight or oversized will be returned to sender.

Mail Forwarding Service Member (Signature) Date: _____

Mail Forwarding Service Member (Signature) Date: _____

ESCAPEES *RV* Club[®] **MAIL SERVICE**

101 Rainbow Drive, Livingston, Texas 77399-9330 • 936-327-8873 • mailservice@escapees.com

Thank you for applying to the Escapees Mail Forwarding Service!

The Escapees Mail Forwarding Service is a licensed commercial mail receiving agency (CMRA) and must abide by U.S. Postal Service regulations.

In order to be issued an address with Escapees Mail Forwarding Service, postal regulations require that we have a completed Postal Service form 1583 for each person and/or business for whom we are receiving mail.

Each form must have a notarized signature of the person making application, plus photocopies of two forms of identification, see 1583 for acceptable forms of identification. If you are applying for the mail service while at Escapees Headquarters in Livingston, Texas or at an Escapade, a notary is not required.

Once Escapees Mail Forwarding Service has issued your unique address that includes your pmb number (personal mail box number), you can then submit a change of address with the [United States Postal Service](#) (USPS).

We have attached two Postal Forms 1583, along with instructions. Please return them promptly, along with the mail service agreement, so we may issue your unique address. If you have any questions, please call 936-327-8873.

Thank you.
Escapees Mail Service

Instructions for completing Postal Form #1583

THIS IS NOT AN ADDRESS CHANGE FORM

The following numbers correspond to the numbered items on the form 1583.

- Box 1 **Internal Use Only**
- Box 2 **Internal Use Only**
- Box 3 Select Business/Organization Use (See Footnote 2) or Residential/Personal Use (See Footnote 3)
- Box 4 **EACH APPLICANT (INCLUDING SPOUSES) MUST COMPLETE A SEPARATE 1583**
Name of applicant. Name must match ID in Box 8e
Address of applicant (See Footnotes 1 & 4) Address must match ID in Box 9g
Is applicant a court-ordered protected individual? If yes, attach copy of the court order.
- Box 5 **DO NOT LIST APPLICANT INFORMATION IN THIS SECTION** (See footnote 5)
Authorized individual (a person who is authorized to pick up mail for the pmb holder/applicant)
Authorized individual must also complete sections 10 & 11
Complete all fields/boxes
- Box 6 **Internal Use Only**
- Box 7 Applicant Business Name and address (See Footnote 1)
Separate 1583 form for each business
Complete all field/boxes
Place of registration (See Footnote 8)
- Box 8 Photo ID for applicant (See Footnote 9)
8e photo ID type (See Footnote 10)
- Box 9 Address ID for applicant (See Footnote 11)
CAN'T BE THE SAME AS ID IN BOX 8
Address must match ID in Box 9g
9g Address ID type (See Footnote 10)
- Box 10 Section 10 should only be completed if you have an Authorized individual listed in Box 5.
(See Footnotes 9 & 12)
- Box 11 Section 11 should only be completed if you have an Authorized individual listed in Box 5.
(See Footnotes 11 & 1)
- Box 12 List names of minor children receiving mail (See Footnote 13)
- Box 13 **DO NOT SIGN UNTIL YOU APPEAR BEFORE A NOTARY OR YOU ARE APPLYING IN PERSON
AT ESCAPEES HEADQUARTERS IN LIVINGSTON TEXAS**
- Box 14 Signature of Notary (See Footnote 15)
- Page 2 Notary Official Seal



Application for Delivery of Mail Through Agent

See Reverse for Instructions, Definitions, Agreement Terms, and the Privacy Act Statement.

| | | | | | | | | |
|---|----------------|--|--------------------------|---|---|--|------------------|--------------|
| 1. Private Mailbox (PMB) Information | | | | 8. Photo ID Information for Applicant⁹ | | | | |
| 1a. Date PMB Opened | | 1b. Date PMB Closed | | 8a. Applicant's Name | | 8b. Applicant's ID Number | | |
| 2. Commercial Mail Receiving Agency (CMRA) Place of Business Information | | | | 9. Address ID Information for Applicant¹¹ | | | | |
| 2a. Street Address to be Used for Delivery ¹ | | | 2b. PMB # | 8c. Issuing Entity | | 8d. Expiration Date on the ID | | |
| 2c. City | | 2d. State | 2e. ZIP + 4 [®] | 8e. Photo ID type (check one) | | | | |
| 3. Type of Service Requested | | | | <input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹⁰ <input type="checkbox"/> Uniformed Service ID <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> Business/Organization Use ² <input type="checkbox"/> Residential/Personal Use ³ <input type="checkbox"/> U.S. Access Card <input type="checkbox"/> Matricula Consular <input type="checkbox"/> U.S. Permanent Resident Card <input type="checkbox"/> U.S. University ID Card <input type="checkbox"/> NEXUS Card | | | | |
| 4. Name of Applicant | | | | 9a. Applicant's Name | | | | |
| 4a. Last Name | 4b. First Name | | 4c. Middle Initial | 9b. Applicant's Street Home Address ¹ | | | | |
| 4d. Telephone Number (include area code) | | 4e. Email Address | | 9c. City | | | | |
| 4f. Applicant's Street Home Address ^{1,4} | | | | 9d. State | 9e. ZIP + 4 | 9f. Country | | |
| 4g. City | | 4h. State | 4i. ZIP + 4 | 4j. Country | 9g. Address ID type (check one) — Must Contain the Address in 9b–9f | | | |
| 4k. Is applicant a court-ordered protected individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," you must attach a copy of the court order. | | | | <input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹⁰ <input type="checkbox"/> Current Lease <input type="checkbox"/> Home or Vehicle Insurance Policy <input type="checkbox"/> Mortgage or Deed of Trust <input type="checkbox"/> Vehicle Registration Card <input type="checkbox"/> Voter Card | | | | |
| 5. Authorized Individual⁶ | | | | 10. Photo ID Information for Authorized Individual (if applicable)⁹ | | | | |
| 5a. Last Name | 5b. First Name | | 5c. Middle Initial | 10a. Authorized Individual's Name | | 10b. Authorized Individual's ID Number | | |
| 5d. Telephone Number (include area code) | | 5e. Email Address | | 10c. Issuing Entity | | 10d. Expiration Date on the ID | | |
| 5f. Authorized Individual's Street Home Address ^{1,6} | | | | 10e. Photo ID type (check one) | | | | |
| 5g. City | | 5h. State | 5i. ZIP + 4 | 5j. Country | <input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹² <input type="checkbox"/> Uniformed Service ID <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> U.S. Access Card <input type="checkbox"/> Matricula Consular <input type="checkbox"/> U.S. Permanent Resident Card <input type="checkbox"/> U.S. University ID Card <input type="checkbox"/> NEXUS Card | | | |
| 6. If Transferring PMB Mail to Another Address⁷... | | | | 11. Address ID Information for Authorized Individual (if applicable)¹¹ | | | | |
| 6a. Street Address Mail Is Transferred To ¹ | | | | 11a. Authorized Individual's Name | | | | |
| 6b. City | | 6c. State | 6d. ZIP + 4 | 6e. Country | 11b. Authorized Individual's Street Home Address ¹ | | | |
| 6f. Telephone Number (include area code) | | 6g. Email Address | | 11c. City | | 11d. State | 11e. ZIP + 4 | 11f. Country |
| 7. Business/Organization Information | | | | 11g. Address ID type (check one) — Must Contain the Address in 11b–11f | | | | |
| 7a. Name of Business/Organization | | | 7b. Type of Business | <input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹² <input type="checkbox"/> Current Lease <input type="checkbox"/> Home or Vehicle Insurance Policy <input type="checkbox"/> Mortgage or Deed of Trust <input type="checkbox"/> Vehicle Registration Card <input type="checkbox"/> Voter Card | | | | |
| 7c. Business Street Address ¹ | | | | 12. Exceptions for Additional Recipients of Mail¹³ | | | | |
| 7d. City | | 7e. State | 7f. ZIP + 4 | 7g. Country | 13a. Signature of Applicant¹⁴ | | 13b. Date | |
| 7h. Telephone Number (include area code) | | 7i. Place of Registration ⁸ | | 14a. Signature of Witness¹⁵ | | 14b. Date | | |

Instructions and Footnotes

| | |
|----|--|
| 1 | Include house number, street, and apartment/suite number if applicable. |
| 2 | For Business/Organization Use, complete item 7. |
| 3 | For Residential/Personal Use, complete a separate PS Form 1583 for each adult using this PMB. |
| 4 | Address must match document provided in item 9b. |
| 5 | The Applicant authorizes mail to be collected by the individual noted in item 5. |
| 6 | Address must match document provided in item 11b. |
| 7 | Complete item 6 if the mail addressed to this PMB is to be transferred, mailed, shipped, or emailed to another address. |
| 8 | The place of registration is the county and state (if domestic), or the country (if foreign). |
| 9 | Two types of identification are required for both the Applicant and, if listed, the Authorized Individual. One ID must be a government-issued photo ID. The second must confirm the Applicant's or Authorized Individual's address listed on this form. The acceptable types of photo ID are listed in items 8e and 10e. Attach a copy of the photo and address ID documents. |
| 10 | Although the driver's/nondriver's ID is listed in 8e and 9g as an option for <i>both</i> the Applicant's photo ID <i>and</i> address ID, <i>it may be used for only one of the IDs (either photo ID or address ID)</i> , not for both. |
| 11 | The acceptable types of address verification are listed in items 9g and 11g. Attach a copy of the photo and address ID documents. |
| 12 | Although the driver's/nondriver's ID is listed in 10e and 11g as an option for <i>both</i> the Authorized Individual's photo ID <i>and</i> address ID, <i>it may be used for only one of the IDs (either photo ID or address ID)</i> , not for both. |
| 13 | For Business/Organization Use: List members who will be receiving mail at this PMB. Each person listed must, upon request, present two forms of valid ID to the Postal Service. For Residential/Individual Use: A parent or guardian may receive the mail of a minor by listing the minor's name — the minor's ID is not required. |
| 14 | By signing this form, the applicant certifies the following — for Business/Organization Use, an officer must sign the application and provide his or her title: I certify that all information furnished on this form is accurate, truthful, and complete. I understand that anyone who furnishes false or misleading information on this form or omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment. |
| 15 | The witness can be the agent, an authorized employee, or a Notary Public. |

Definitions:

Agent: The Commercial Mail Receiving Agency (CMRA).

Authorized employee: An employee of the CMRA who is authorized to act on the CMRA's behalf.

Authorized individual: A person who is authorized to pick up mail for the PMB holder.

Agreement: In consideration of delivery of my mail or our firm's mail to the agent named on Page 1, the applicant and agent agree: (1) the applicant or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the applicant and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the applicant must file an updated application with the agent.

NOTE: The applicant must execute this form in the presence of the agent, his or her authorized employee, or a notary public. The agent uploads the original completed signed PS Form 1583 to the Postal Service's CMRA Customer Registration Database and retains the completed signed copy at the CMRA business location. The CMRA copy of PS Form 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The applicant and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business

at the home or business address listed in items 4f or 7c, and that the identifications listed in items 8–11 are valid. The agent must complete items 2a–2e, and items 14a and 14b if necessary (i.e., if the agent is the witness), and the customer must complete all the other items.

Privacy Act Statement: Your information will be used to administer the Commercial Mail Receiving Agency (CMRA) application, enrollment, and fulfillment processes, to verify your identity when applying for service via a CMRA, to ensure proper and secure delivery of mail to the correct recipient, and to permit delivery of your mail to your authorized agent. Collection is authorized by 39 USC 401, 403, and 404. Supplying the information is voluntary, but if not provided, we will not be able to fulfill your request for delivery of mail through an agent. We do not disclose your information without your consent to third parties, except for the following limited circumstances: incident to legal proceedings involving the Postal Service; for law enforcement purposes; to a congressional office on your behalf; to agents or contractors when necessary to fulfill a business function; to a U.S. Postal Service auditor; to labor organizations as required by applicable law; to government agencies in connection with decisions as necessary; to agencies and entities for financial matters; and for customer service purposes. In addition, information may be disclosed for the purpose of identifying an address as an address of an agent to whom mail is delivered on behalf of other persons. However, this specific routine use does not authorize the disclosure of the identities of persons on behalf of whom agents receive mail. All routine uses are subject to the following exception: Information concerning an individual who has filed an appropriate protective court order with the application will not be disclosed except pursuant to the order of a court of competent jurisdiction and subject to the approval of the USPS General Counsel. For more information on our privacy policies, visit www.usps.com/privacypolicy.

| | |
|---|-----------------------|
| <p>Witness my signature and official seal. Notary Public in and for the STATE OF _____,</p> <p>COUNTY OF _____. On this _____ day of _____, 20____,</p> <p>the applicant, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this application, appeared before me, and did personally sign the application.</p> <p>_____ Signature of Notary Public</p> <p style="text-align: right;">_____ My commission expires:</p> <p style="text-align: right;">_____, 20_____</p> | <p>Official Seal:</p> |
|---|-----------------------|



Application for Delivery of Mail Through Agent

See Reverse for Instructions, Definitions, Agreement Terms, and the Privacy Act Statement.

| | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|---|--|--|--|--|--|-------------|--|--|--|--------------|--|--------------|--|
| 1. Private Mailbox (PMB) Information 1a. Date PMB Opened Internal Use Only | | | | 1b. Date PMB Closed Internal Use Only | | | | 8. Photo ID Information for Applicant⁸ 8a. Applicant's Name Footnote 9- Two types of identification are required for the Applicant. One ID must be a government-issued photo ID. The second must confirm the Applicant's address listed on this form. The acceptable types of photo ID are listed in items 8e and 10e. Attach a copy of the photo and address ID documents. | | | | 8b. Applicant's ID Number | | | | | | | | | |
| 2. Commercial Mail Receiving Agency (CMRA) Place of Business Information 2a. Street Address to be Used for Delivery ¹ Rainbow Dr. | | | | 2b. PMB # Internal Use Only | | | | 8c. Issuing Entity | | | | 8d. Expiration Date on the ID | | | | | | | | | |
| 2c. City Livingston | | | | 2d. State TX | | 2e. ZIP + 4 [®] 77399 | | 8e. Photo ID type (check one) See Footnote 10 <input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹⁰ <input type="checkbox"/> Uniformed Service ID <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> U.S. Access Card <input type="checkbox"/> Matricula Consular <input type="checkbox"/> U.S. Permanent Resident Card <input type="checkbox"/> U.S. University ID Card <input type="checkbox"/> NEXUS Card | | | | 3. Type of Service Requested Footnote 3- For Residential/Personal Use, complete a separate PS Form 1583 for each adult using this PMB. <input type="checkbox"/> Business/Organization Use ² <input checked="" type="checkbox"/> Residential/Personal Use ³ | | | | | | | | | |
| 4. Name of Applicant 4a. Last Name MUST MATCH NAME ON I.D. (Box 8e) EACH APPLICANT (INCLUDING SPOUSES) MUST COMPLETE A SEPARATE 1583 | | | | 4b. First Name | | 4c. Middle Initial | | 9. Address ID Information for Applicant¹¹ Footnote 11- The acceptable types of address verification are listed in items 9g and 11g. Attach a copy of the photo and address ID documents 9a. Applicant's Name Same as #4 | | | | 9b. Applicant's Street Home Address¹ Footnote 1- Include house number, street, and apartment/suite number if applicable. MUST MATCH ADDRESS ON I.D. (Box 9g) | | | | | | | | | |
| 4d. Telephone Number (include area code) | | | | 4e. Email Address | | | | 9c. City | | | | 9d. State | | 9e. ZIP + 4 | | 9f. Country | | | | | |
| 4f. Applicant's Street Home Address ^{1,4} Footnotes 1. Include house number, street, and apartment/suite number if applicable. 4. Address must match document provided in item 9b. MUST MATCH ADDRESS ON I.D. (Box 9g) | | | | 4g. City | | 4h. State | | 4i. ZIP + 4 | | 4j. Country | | 9g. Address ID type (check one) — Must Contain the Address in 9b–9f <input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹⁰ See Footnote 10 <input type="checkbox"/> Current Lease <input type="checkbox"/> Home or Vehicle Insurance Policy <input type="checkbox"/> Mortgage or Deed of Trust <input type="checkbox"/> Vehicle Registration Card <input type="checkbox"/> Voter Card | | | | | | | | | |
| 4k. Is applicant a court-ordered protected individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," you must attach a copy of the court order. | | | | 5. Authorized Individual⁵ 5a. Last Name Footnote 5. The Applicant authorizes mail to be collected by the individual noted in item 5. | | | | 5b. First Name | | 5c. Middle Initial | | 10. Photo ID Information for Authorized Individual (if applicable)⁹ 10a. Authorized Individual's Name Footnote 9- Two types of identification are required for the Authorized Individual. One ID must be a government-issued photo ID. The second must confirm the Authorized Individual's address listed on this form. The acceptable types of photo ID are listed in items 8e and 10e. Attach a copy of the photo and address ID documents. | | | | 10b. Authorized Individual's ID Number | | | | | |
| 5d. Telephone Number (include area code) | | | | 5e. Email Address | | | | 10c. Issuing Entity | | | | 10d. Expiration Date on the ID | | | | | | | | | |
| 5f. Authorized Individual's Street Home Address ^{1,6} | | | | 5g. City | | 5h. State | | 5i. ZIP + 4 | | 5j. Country | | 10e. Photo ID type (check one) See Footnote 12 <input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹² <input type="checkbox"/> Uniformed Service ID <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> U.S. Access Card <input type="checkbox"/> Matricula Consular <input type="checkbox"/> U.S. Permanent Resident Card <input type="checkbox"/> U.S. University ID Card <input type="checkbox"/> NEXUS Card | | | | | | | | | |
| 6. If Transferring PMB Mail to Another Address⁷... 6a. Street Address Mail Is Transferred To ¹ Internal Use Only | | | | 11. Address ID Information for Authorized Individual (if applicable)¹¹ 11a. Authorized Individual's Name Footnote 11- The acceptable types of address verification are listed in items 9g and 11g. Attach a copy of the photo and address ID documents. | | | | 11b. Authorized Individual's Street Home Address ¹ Footnote 1- Include house number, street, and apartment/suite number if applicable. | | | | 11c. City | | | | 11d. State | | 11e. ZIP + 4 | | 11f. Country | |
| 6b. City | | | | 6c. State | | 6d. ZIP + 4 | | 6e. Country | | 11g. Address ID type (check one) — Must Contain the Address in 11b–11f <input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹² See Footnote 12 <input type="checkbox"/> Current Lease <input type="checkbox"/> Home or Vehicle Insurance Policy <input type="checkbox"/> Mortgage or Deed of Trust <input type="checkbox"/> Vehicle Registration Card <input type="checkbox"/> Voter Card | | | | | | | | | | | |
| 6f. Telephone Number (include area code) | | | | 6g. Email Address | | | | 12. Exceptions for Additional Recipients of Mail¹³ See Footnote 13 List names of minors receiving mail | | | | 13a. Signature of Applicant¹⁴ See Footnote 14 Sign here in the presence of a notary or agent (Escapees RV Club) | | | | 13b. Date | | | | | |
| 7. Business/Organization Information 7a. Name of Business/Organization If you have a business you must complete a separate 1583. Footnote 1- Include house number, street, and apartment/suite number if applicable. | | | | 7b. Type of Business | | | | 14a. Signature of Witness¹⁵ See Footnote 15 The witness can be the agent (Escapees RV Club), an authorized employee, or a Notary Public. | | | | 14b. Date | | | | | | | | | |
| 7c. Business Street Address ¹ | | | | 7d. City | | 7e. State | | 7f. ZIP + 4 | | 7g. Country | | 14a. Signature of Witness¹⁵ See Footnote 15 The witness can be the agent (Escapees RV Club), an authorized employee, or a Notary Public. | | | | | | | | | |
| 7h. Telephone Number (include area code) | | | | 7i. Place of Registration ⁸ | | | | 14a. Signature of Witness¹⁵ See Footnote 15 The witness can be the agent (Escapees RV Club), an authorized employee, or a Notary Public. | | | | 14b. Date | | | | | | | | | |