

CONTRACT ROUTE BOX CUSTOMER NOTICE	<small>Route No. (USPS USE ONLY)</small>	<small>Between (USPS USE ONLY) and</small>
<p>TO: Contract Route Customer</p> <p>The carrier on your route is required to deliver ordinary mail into approved rural-type boxes at approved sites and to collect ordinary mail from approved sites within the Stallion Springs Community Services District. The carrier is not required to (1) sell stamp supplies; (2) accept money with application for money orders and give receipts; (3) accept and give receipts for matter presented for registration, certification, insurance, express, or C.O.D. service; and (4) deliver registered, certified, insured, express, special delivery, and C.O.D. mail.</p> <p>Parcel post packages too large to be put into the customer's box will, if possible, be put into the large package box associated with the customer's group with a note to that effect left in the customer's box. If the package is too large for the package box a notice will be placed in the customer's box that a package is being temporarily held for them at the Tehachapi Post Office.</p> <p>Please type or legibly print below the name of every person (including self, spouse, children, employees/etc.) who will use this mailbox. Sign and date the form in the signature space.</p>		
1.	4.	7.
2.	5.	8.
3.	6.	9.
Signature (Head of House) <input checked="" type="checkbox"/> _____ Date Signed: _____		
Please complete this form and return it, in person or by any above named user , to the Stallion Springs Community Services District office with payment in the amount of \$25 as required by District Resolution # 94-22, so that we may assign you a USPS approved box location.		
<small>Postmaster (USPS USE ONLY)</small>	<small>Post Office, State and Zip + 4 Code (USPS USE ONLY)</small>	<small>Date (USPS USE ONLY)</small>

PLEASE TYPE OR PRINT LEGIBLY

MAILING ADDRESS { STREET ADDRESS: _____
 CITY, STATE, ZIP: Tehachapi, CA 93561

1. PROPERTY OWNER: _____

2. RESIDENT/USER (IF NOT OWNER): _____

RESIDENT/USER'S PHONE #: (HOME) _____ (WORK) _____

DO NOT WRITE BELOW THIS LINE
SSCSD USE ONLY

MAIL BOX LOCATION SITE: _____ I.D. #: _____

DATE: _____ PAID: \$ _____ SSCSD APPR: _____

TRACT/BLOCK/LOT: _____ PAYER CHECK IF USPS COPY