



Request for Special Route Inspection

Carrier (Print): _____ Route # _____

To: _____ Station: _____ Date: _____

In accordance with Section 271 of the USPS Manual M-39 (Management of Delivery Services), I believe my route qualifies for a special mail count and route inspection. Therefore, as stated in the provisions of the M-39, I request this special count and inspection within four (4) weeks of this notice. My signature below represents my request for such inspection, and this form is merely a method of documenting such request. If the employer believes the route does not qualify, I request such denial in writing along with a copy of documentation relied upon for the denial of such request.

(Carrier Signature and Date)

(Union Steward Print Name)

(Signature and Date)

(Supervisor Print Name)

(Signature and Date)