



For Office Use Only:

Box #:	_____
Start Date:	_____
Rate:	_____

Application for Mailbox Rental

This agreement made on (date) _____ between _____, primary mailbox tenant, herein referred to as "Applicant", and Mail Plus Pismo Beach, herein referred to as "Mail Plus", shall be governed by these terms to which each party agrees:

By completing this Agreement and United States Postal Service Form 1583 (a copy of which will be made available to the United States Postal Service), Applicant appoints Mail Plus as his/her agent for the receipt of mail for a period not to exceed that for which rent has been paid in advance.

Mail Plus will provide access to Applicant's mailbox by loaning a key to his/her mailbox for which the Applicant will pay a one-time non-refundable set-up fee. The keys loaned to the Applicant remain the property of Mail Plus and shall not be duplicated or modified in any way by the Applicant. Possession of a mail receiving key shall be considered valid evidence that the possessor is duly authorized to remove any contents from any mail receptacle provided under this Agreement. If additional keys are requested, the Applicant is to notify a Mail Plus employee and are subject to an additional key fee. Keys are to be returned to Mail Plus upon the dissolution of the agreement.

Applicant understands that Mail Plus facilities and services may not be used for any illegal or illegitimate purposes or for any purposes prohibited by U.S. Postal Regulations and by U.S. and International law. Applicant agrees to use the provided services in accordance with these rules and in compliance with all U.S. Postal Regulations, as well as local, state, and federal statutes and regulations. Failure to do so may result in cancellation of service without notice.

Once Applicant's mail has been placed in his/her assigned mailbox, the mail shall be deemed to have been delivered to Applicant. The Applicant understands that Mail Plus is a separate entity from the USPS, FedEx, UPS, or other shipping courier entities. Mail Plus shall not be responsible for failure of the United States Postal Service or other shipping couriers to deliver mail/parcels, or to deliver them in a timely manner, or in undamaged condition.

Applicant agrees that Mail Plus may terminate or cancel this Agreement for good cause at any time. Good cause shall include, but is not limited to: abandonment; use for criminal, illegal or illegitimate activity; failure to pay rent owed to Mail Plus; use of mail receiving inconsistent with this Agreement; and/or non-performance of the terms of this Agreement. Abandoned or unpaid boxes may have their Agreements terminated without notice after ninety (90) days of nonpayment. Renewal of this Agreement for additional terms shall be at Mail Plus's sole discretion.

All information provided by the Applicant on this form is confidential and will not be disclosed to anyone without the Applicant's prior consent, except for law enforcement purposes. Mail Plus intends to cooperate fully with appropriate law enforcement officials in the event of an investigation.

In the event that the Applicant consistently receives substantially more mail than can be placed in his/her assigned mailbox, Mail Plus reserves the right to require an upgrade or additional mailbox if excessive overflow persists. **Mail Plus reserves the right to impose a storage fee on any or excessive parcels addressed to Applicant that remain unclaimed for a period exceeding thirty (30) days (INITIAL _____).**

Applicant agrees to protect, indemnify and hold harmless Mail Plus, its owners, agents, and employees from and against any and all claims, demands, and causes of action of any nature whatsoever relative to the use of facilities and services provided, including without limitation, any demands, claims and causes of action for personal injury or property damage arising from such use or possession; from damage to or loss of mail receiving contents by any cause whatsoever and from any violation by Applicant of applicable federal, state or local laws. Any expense incurred in the defense against Mail Plus shall be reimbursed by the Applicant.

Certified, registered, first-class, ground, express, and insured mail or parcels will be accepted unless otherwise notified by the Applicant. Acceptance of such mail does not constitute a guarantee against loss, theft, or delay. Any postage due/C.O.D. letters or parcels will be returned to the sender.

In the event that Mail Plus commits or fails to commit any act which results in the disruption of service to the Applicant, and the Applicant hereby suffers a loss, Mail Plus shall be liable to no more than rental fees paid by the Applicant for service not yet rendered. Mail Plus shall not be liable for incidental or consequential damages as a result of its performance as agent for Applicant. **Applicant agrees & acknowledges that the total liability of Mail Plus for any and all claims, whether in contract, tort, or otherwise, is limited to \$200.00 (INITIAL _____).**

There are no full or partial refunds for mailbox rentals after twenty-four (24) hours have passed from the time of opening or renewing the Agreement. Fees for mailbox rental are due and payable in advance. Failure to pay fees when due may result in disruption or cancellation of services. Mail Plus does not prorate its fees and does not provide refunds in the event the Applicant cancels service prior to its agreed upon expiration. Upon termination of services by Mail Plus for failure to pay rent in advance, Mail Plus shall have no responsibility to make Applicant's mail available without payment.

Applicant understands that the United States Postal Service will not forward his/her mail to new rental address without completion of an address change form (available at [usps.com](https://www.usps.com) and [dmv.ca.gov](https://www.dmv.ca.gov)). At termination of service, if the Applicant wishes to receive any mail forwarded to another location, he/she is entitled to mail forwarding services as per the terms of the CMRA, and must provide a forwarding address. Any mail forwarding that requires an expedited shipping service may be subject to additional fees and is not covered by standard mail forwarding.

In the event the Applicant fails to comply with these requirements, Mail Plus shall retain any such mail for not more than ninety (90) days, after which it will be destroyed, returned to sender, or whatever Mail Plus deems necessary.

Applicant shall NOT use the designation of "P.O. Box #". The USPS will not deliver mail to Mail Plus if "P.O. Box" is listed in address. The address to be used by the applicant is as follows:

Name: _____

791 Price Street, Box # _____

Pismo Beach, CA 93449

Signature: _____ Date: _____

Updated 4/2026



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		9a. Applicant's Name	
791 Price Street		9b. Applicant's Street Home Address ¹	
2b. PMB #		9c. City	
2c. City		9d. State	
Pismo Beach		9e. ZIP + 4	
2d. State		9f. Country	
CA			
2e. ZIP + 4 [®]		9g. Address ID type (check one) — Must Contain the Address in 9b–9f	
93449		<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		10. Photo ID Information for Authorized Individual (if applicable)⁹	
<input type="checkbox"/> Business/Organization Use ² <input type="checkbox"/> Residential/Personal Use ³		10a. Authorized Individual's Name	
4. Name of Applicant		10b. Authorized Individual's ID Number	
4a. Last Name	4b. First Name	10c. Issuing Entity	
		10d. Expiration Date on the ID	
4c. Middle Initial	10e. Photo ID type (check one)		
	<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		
4d. Telephone Number (include area code)	11. Address ID Information for Authorized Individual (if applicable) ¹¹		
	11a. Authorized Individual's Name		
4e. Email Address	11b. Authorized Individual's Street Home Address ¹		
	11c. City		
4f. Applicant's Street Home Address ^{1,4}	11d. State		
	11e. ZIP + 4		
4g. City	11f. Country		
4h. State			
4i. ZIP + 4			
4j. Country			
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 Individual⁶		12. Exceptions for Additional Recipients of Mail¹³	
5a. Last Name	5b. First Name	13a. Signature of Applicant ¹⁴	
5c. Middle Initial	13b. Date		
5d. Telephone Number (include area code)	14. Address ID Information for Authorized Individual (if applicable) ¹¹		
5e. Email Address	14a. Signature of Witness ¹⁵		
5f. Authorized Individual's Street Home Address ^{1,6}	14b. Date		
5g. City			
5h. State			
5i. ZIP + 4			
5j. Country			
6. If Transferring PMB Mail to Another Address⁷...			
6a. Street Address Mail Is Transferred To ¹			
6b. City	6c. State	6d. ZIP + 4	6e. Country
6f. Telephone Number (include area code)	6g. Email Address		
7. Business/Organization Information			
7a. Name of Business/Organization		7b. Type of Business	
7c. Business Street Address ¹			
7d. City	7e. State	7f. ZIP + 4	7g. Country
7h. Telephone Number (include area code)	7i. Place of Registration ⁸		

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>
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