

**Contract for Mailbox Service  
Parkside Mailboxes  
945 Taraval St  
San Francisco, CA 94116  
415-661-8727  
contact@parksidemailboxes.com**

This Agreement made \_\_\_\_\_ between \_\_\_\_\_ (Customer Name), hereinafter referred to as "Applicant", and Parkside Mailboxes, hereinafter referred to as "Mail Service", shall be governed by these terms to which each party agrees:

1. By completing this form and USPS Form 1583, which will be made available to the United States Postal Service, applicant appoints Mail Service as agent for the receipt of mail and packages through common carriers for a period not to exceed that for which rent has been paid in advance. Applicant will pick up mail at least once each week or make other suitable arrangements, in advance, with Mail Service. Mail Service will provide a mailbox key to applicant who may obtain his mail during the business hours posted by Mail Service. Should Applicant appoint another person or organization to collect mail or other shipments, Mail Service shall assume that possession of a key is evidence of authority to collect mail or other shipments. Packages and shipments are to be picked up within 3 days and no longer than 14 days. Packages left 30 days or more will be considered abandoned and will be returned to sender or discarded. Charges are as follows:

\$1/ day for envelopes, paks & small packages (12" or less)

\$3/day for regular sized packages (24" or less and weighing less than 40lbs)

\*\$5/day starting on day of delivery for oversized packages if not picked up on day of delivery\* (This is due to very limited space)

\*Oversized packages are considered as 41lbs or more, or larger than regular sized packages considered at our discretion.

\*\*Freight deliveries are not accepted and will be automatically declined.

Exceptions will be made on other terms explicitly communicated and approved with Parkside Mailboxes. Any questions please email us directly or contact us at the store.

2. The key(s) loaned to Applicant may require a refundable cash deposit, and this key remains the property of Mail Service and shall not be duplicated or modified by Applicant. Applicant understands that the relationship of the parties hereto is one of bailment and not landlord and tenant.
3. Once Mail Service has placed applicant's mail or other shipments in the assigned mailbox, the mail shall be deemed to have been delivered, and Mail Service shall not be responsible for loss, theft or damage. Notices for packages too large for mailbox will be placed in the mailbox and will require a signature to show that these have been received by Applicant. Mail Service is not engaged in the delivery of mail or other carrier shipments and cannot be responsible for failure in the United States Postal Service or other carriers to deliver parcels or to deliver in a timely fashion or undamaged condition.
4. Applicant agrees to use services in accordance with Mail Service rules and in compliance with 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 notices, refund or mail forwarding.
5. Information provided by Applicant will be kept confidential and will not knowingly be disclosed without Applicant's prior consent, except for law enforcement or postal operation purposes, in which case Mail Service intends to cooperate fully. Law enforcement is further clarified to include all city, county, state or federal agencies or their representatives.
6. Mail will not be accepted for more than two (2) persons or organizations in a small-sized box, four (4) persons or organizations in a medium sized box, or six (6) persons or organizations in

a large sized box. Each person or organization must complete a USPS 1583 Form and provide photo identification. An additional fee of \$7 per mailname or organization will apply. The maximum of additional names will be four (4) per box. If Applicant consistently receives substantially more mail and other shipments than can be placed in a single mailbox, Mail Service reserves the right to require Applicant to rent a larger size box or one or more additional boxes. Charges for service are based upon average daily volume and activity. Special circumstances, e.g., high number of parcels, etc. may require assessment of additional fees. An unusually high volume of mail will result in either a higher fee being charged, or termination of the mail receiving service. Applicant further agrees that parcels delivered to this address for the Applicant will be delivered by common carrier only, that no truck line deliveries will be made, that parcels too large for mailbox will be retrieved within 72 hours after delivery, and that no hazardous or dangerous material will be delivered to Applicant. Failure to adhere to any of these parcel delivery stipulations will result in additional fees and/or termination of service.

7. Applicant agrees to protect, indemnify and hold harmless Mail Service from and against any and all claims, demands and causes of action of any nature whatsoever relative to use of Mail Service facilities or services.
8. Should Mail Service commit or fail to commit an act that results in disruption of service and Applicant thereby suffers a loss, Mail Service's liability shall be limited to not more than the rental fees paid by Applicant for service not yet received. Mail Service shall not be liable for incidental or consequential damages.
9. Per USPS regulations, accountable mail, including but not limited to certified, insured, or C.O.D. mail or parcels shall be accepted by Mail Service on the behalf of the Applicant. Full, advance payment of C.O.D. charges must be made to Mail Service prior to acceptance of C.O.D. packages. Restricted delivery mail may be accepted with prior written permission on the Applicant's USPS form 1583 in block 5.
10. Mail Service fees are due and payable in advance and notice thereof will be placed in Applicant's mailbox. No other notice will be required. Failure to pay such fees when due may result in disruption or cancellation of services. Mail Service does not prorate fees and does not provide refunds in the event of cancellation by Applicant or Mail Service. A late fee of \$10 will be applied eight (8) days after payment is due. Reopening of closed mailboxes will result in a reprocessing fee of \$25.
11. Applicant herein agrees to total liability of Mail Service for any and all claims in limited to one hundred dollars (\$100), regardless of the nature of claim.

Customer Initial \_\_\_\_\_ Agent Initial \_\_\_\_\_

12. Applicant shall use only the address designation "PMB" or "#" to designate their address. NO OTHER DESIGNATION IS VALID. Specifically excluded is the use of suite, apt., dept., or other designators for the Applicant's mailbox. The U.S. Postal Service may refuse to deliver any piece of mail that does not include the PMB or # sign designation. Applicant is responsible for notifying correspondents of the correct address. The address to be used by Applicant for the purpose of receiving mail must conform to Postal Regulation. (DMM 1.8.2 e-g).

The address is to be used by Applicant for the purpose of receiving mail is as follows:

**Applicant's name / Business name  
945 Taraval St "PMB" of "#" Mailbox #  
San Francisco, CA 94116**

13. Customers agree to abide by all Postal Regulations for providing proper address information to senders. Customer agrees to hold Mail Service free and harmless for failure to receive packages

and/or mail when not properly addressed.

14. Upon termination of services by Mail Service or failure to pay rent in advance by Applicant, Mail Service shall not make Applicant's mail available without payment theretofore. Applicant understands that the United States Postal Service will not forward or return mail without payment, and will not accept a Change of Address. At termination of service, Applicant, if it wishes mail forwarded after that date, shall provide Mail Service with a forwarding address and pay the required fees. In the event Applicant fails to do this, Mail Service will accept mail for 10 days after termination and handle such mail in accordance with USPS DMM 508 1.8.3 regulations.

15. Applicant agrees to be responsible for forwarding of all mail at the termination of this agreement. This constitutes a "Do Not Forward" agreement as per DMM 508.1.8.3.b.

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Signature (Applicant) Date

Signature (Agent) Date

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Email: \_\_\_\_\_

## Acknowledgment for California Mailbox Customers

This acknowledgment is required by Section 17538.5 of the Business and Professions Code of the State of California. Any person obtaining private mailbox receiving service in the State of California must read and acknowledge receipt of the following statement, which is to be kept on file at this CMRA and will be made available, upon demand, to the Department of Consumer Affairs or any law enforcement agency conducting an investigation. By obtaining use of a private mailbox receiving service in the State of California, I acknowledge that:

1. I am obligated to disclose my actual home address or place of residence on a USPS Form 1583 or other form as may later be developed and I further agree that I will provide prompt written notice to this CMRA of any subsequent change in my home address or place of residence.
2. By signing below, I irrevocably authorize this CMRA to act as my agent for service of process to receive any legal documents that may be served upon me. This authorization shall continue from the date of this agreement until two years after my mail receiving service has been terminated. I understand that this CMRA will (A) place a copy of the documents or a notice that the documents were received into my mailbox or other place where I usually receive my mail, unless my mail receiving service has been terminated, and (B) send all documents by first-class mail to the home or other address last known to the CMRA.
3. I further acknowledge that I understand that use of a private mailbox receiving service for commercial purposes in the State of California requires the user to comply with all applicable laws, including Section 17538.5 of the Business and Professions Code and laws prohibiting unfair competition and false advertising as set forth in Sections 17200 and 17500 of the Business and Professions Code. Violation of these laws may result in civil or criminal penalties or both. I understand that the United States Postal Service Form 1583 that must be prepared for each private mailbox receiving service customer shall be delivered to the local United States Post Office and a copy of the must be retained by this CMRA and made available upon demand to the Department of Consumer Affairs or any law enforcement agency conducting an investigation. I hereby agree to accept and abide by the foregoing requirements.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_



# Application for Delivery of Mail Through Agent

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

<b>1. Private Mailbox (PMB) Information</b>				<b>8. Photo ID Information for Applicant<sup>9</sup></b>				
1a. Date PMB Opened		1b. Date PMB Closed		8a. Applicant's Name		8b. Applicant's ID Number		
<b>2. Commercial Mail Receiving Agency (CMRA) Place of Business Information</b>				<b>9. Address ID Information for Applicant<sup>11</sup></b>				
2a. Street Address to be Used for Delivery <sup>1</sup>			2b. PMB #	8c. Issuing Entity		8d. Expiration Date on the ID		
2c. City		2d. State	2e. ZIP + 4 <sup>®</sup>	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 <sup>10</sup> <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"/> Business/Organization Use <sup>2</sup> <input type="checkbox"/> Residential/Personal Use <sup>3</sup> <input type="checkbox"/> U.S. University ID Card <input type="checkbox"/> NEXUS Card				
<b>4. Name of Applicant</b>				<b>9a. Applicant's Name</b>				
4a. Last Name		4b. First Name	4c. Middle Initial	9b. Applicant's Street Home Address <sup>1</sup>				
4d. Telephone Number (include area code)		4e. Email Address		9c. City				
4f. Applicant's Street Home Address <sup>1,4</sup>				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 <sup>10</sup> <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				
<b>5. Authorized Individual<sup>6</sup></b>				<b>10. Photo ID Information for Authorized Individual (if applicable)<sup>9</sup></b>				
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 <sup>1,6</sup>				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 <sup>12</sup> <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			
<b>6. If Transferring PMB Mail to Another Address<sup>7</sup>...</b>				<b>11. Address ID Information for Authorized Individual (if applicable)<sup>11</sup></b>				
6a. Street Address Mail Is Transferred To <sup>1</sup>				11a. Authorized Individual's Name				
6b. City		6c. State	6d. ZIP + 4	6e. Country	11b. Authorized Individual's Street Home Address <sup>1</sup>			
6f. Telephone Number (include area code)		6g. Email Address		11c. City		11d. State	11e. ZIP + 4	11f. Country
<b>7. Business/Organization Information</b>				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 <sup>12</sup> <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 <sup>1</sup>				<b>12. Exceptions for Additional Recipients of Mail<sup>13</sup></b>				
7d. City		7e. State	7f. ZIP + 4	7g. Country	<b>13a. Signature of Applicant<sup>14</sup></b>		<b>13b. Date</b>	
7h. Telephone Number (include area code)		7i. Place of Registration <sup>8</sup>		<b>14a. Signature of Witness<sup>15</sup></b>		<b>14b. Date</b>		

**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](http://www.usps.com/privacypolicy).

<p><b>Witness my signature and official seal.</b> 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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