

----- FOLD -----

NAME (Last, First, MI) (Print):

RECEPTACLE NUMBER:

STATUS

ADV ASG

LEAVE

CONFINED

TDY

HOSPITAL

AWOL

EFFECTIVE DATES TO FWD OR HOLD MAIL (Yr, Mo, Day)

FROM:

TO:

FORWARD ALL MAIL

HOLD ALL MAIL

FORWARD ONLY

LETTERS

PARCELS

NEWSPAPERS/MAG

PAYCHECK(S)

OTHER *(Use Spec Inst)*

COMPLETE FORWARDING ADDRESS:

SPECIAL INSTRUCTIONS:

SIGNATURE OF RECEPTACLE HOLDER

DATE (Yr, Mo, Day)

----- FOLD -----

**FOR ADVANCE RECEPTACLE ASGN,
LIST NAME OF SPONSOR AND
DUTY PHONE IN THE SPECIAL
INSTRUCTIONS BLOCK.**