

**TEMPORARY MAIL DISPOSITION INTRUCTIONS**

NAME (Last, First, MI) (Print):	RECEPTACLE NUMBER:
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**STATUS**

<input type="checkbox"/> ADV ASG	<input type="checkbox"/> LEAVE	<input type="checkbox"/> CONFINED
<input type="checkbox"/> TDY	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> AWOL

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

FROM:	TO:
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<input type="checkbox"/> FORWARD ALL MAIL	<input type="checkbox"/> HOLD ALL MAIL
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**FORWARD ONLY**

<input type="checkbox"/> LETTERS	<input type="checkbox"/> PARCELS	<input type="checkbox"/> NEWSPAPERS/MAG
<input type="checkbox"/> PAYCHECKS	<input type="checkbox"/> OTHER (Use Spec Inst)	

COMPLETE FORWARDING ADDRESS:

**Cut and paste Address HERE.**

SPECIAL INSTRUCTIONS:

SIGNATURE OF RECEPTACLE HOLDER:	DATE (Yr, Mo, Day)
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FOR ADVANCE RECEPTACLE ASGN, LIST NAME OF SPONSOR AND DUTY PHONE IN THE SPECIAL INTRUCTIONS BLOCK