

OFFICIAL MAIL FORWARDING CHANGE OF ADDRESS ORDER												OFFICIAL USE ONLY			
Please PRINT items 1-10 in blue or black ink. Your signature is required in item 9.															
1. Change of Address for: (Read Attached Instructions) <input type="checkbox"/> Individual (#5) <input type="checkbox"/> Entire Family (#5) <input type="checkbox"/> Business (#6)										2. Is This Move Temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No					
3. Start Date: (ex. 02/27/05)								4. If TEMPORARY move, print date to discontinue forwarding: (ex. 03/27/05)							
5a. LAST Name & Jr./Sr./etc.												Zone/Route ID No. <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>Date Entered on Form 3982</div> <div>M M D D Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Expiration Date</div> <div>M M D D Y Y</div> </div> <div>Clerk/Carrier Endorsement</div> </div>			
5b. FIRST Name and MI															
6. If BUSINESS Move, Print Business Name															
PRINT OLD MAILING ADDRESS BELOW: HOUSE/BUILDING NUMBER AND STREET NAME (INCLUDE ST., AVE., CT., ETC.) OR PO BOX															
7a. OLD Mailing Address															
7a. OLD APT or Suite				7b. For Puerto Rico Only: If address is in PR, print urbanization name, if appropriate.											
7c. OLD CITY								7d. State				7e. ZIP			
PRINT NEW MAILING ADDRESS BELOW: HOUSE/BUILDING NUMBER AND STREET NAME (INCLUDE ST., AVE., CT., ETC.) OR PO BOX															
8a. NEW Mailing Address															
8a. NEW APT/Ste or PMB				8b. For Puerto Rico Only: If address is in PR, print urbanization name, if appropriate.											
8c. NEW CITY								8d. State				8e. ZIP			
9. Print and Sign Name (see conditions on reverse)										OFFICIAL USE ONLY					
Print: _____ Sign: _____										10. Date Signed: (ex. 01/27/05)					

PS FORM 3575 January 2005

Visit <http://usps.com/moversguide> to change your address online.

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Instructions

BEFORE YOU FILL OUT THE CHANGE OF ADDRESS FORM (PS FORM 3575), print the City, State and ZIP Code of your old address in the proper spaces on the other side of the form. Then complete items 1 through 10. Remember to sign the form in item 9.

1. WHO'S MOVING?

- ▶ If it's just you, check the **INDIVIDUAL** box.
- ▶ If it's some members of your family with the same last name and others are staying, fill out a **separate form for each mover and check the INDIVIDUAL box**.
- ▶ If it's some members of your family with different last names, fill out a **separate form for each mover and check the INDIVIDUAL box**.
- ▶ If it's everyone in your family with the same last name, just fill out one card and check the **ENTIRE FAMILY** box.
- ▶ If it's your business, check the **BUSINESS** box.

2. IS THIS A TEMPORARY MOVE?

Check YES if you plan to return to your old address **within 12 months**. Otherwise, check NO.

3. WHEN SHOULD WE BEGIN FORWARDING MAIL?

Fill in the date you want us to begin forwarding your mail to your new address in the **START DATE** field.

4. RETURN DATE

For a temporary move, indicate the date when you want to **stop forwarding** mail to the **TEMPORARY** address. If this date should change, be sure to notify the post office that serves your **OLD ADDRESS** when to stop forwarding your mail.

5a. LAST NAME OF MOVER

- ▶ Fill in **only one** LAST NAME.
- ▶ If **anyone** with the **same** last name is moving to a different address, use a **separate** form for each person.

5b. FIRST NAME OF MOVER

- ▶ If you checked **INDIVIDUAL**, give us your **FIRST NAME**.
- ▶ If you checked **ENTIRE FAMILY**, print the first name of the head of household and any commonly used middle names or initials.

6. BUSINESS NAME

For a **BUSINESS** move, print the name of the business. Each business must file a separate form.

7. OLD ADDRESS

Print your **complete** OLD ADDRESS, including an APARTMENT NUMBER, SUITE or PO BOX NUMBER, if appropriate. Include City, State and ZIP.

8. NEW ADDRESS

Print your **complete** NEW ADDRESS, including an APARTMENT NUMBER, SUITE or PO BOX NUMBER, if appropriate. Include City, State and ZIP.

9. SIGNATURE

To make this change of address valid, **print and sign your name**.

10. DATE

Fill in the date you signed this form. Be sure to read the "Note" and "Privacy Notice" statements on the reverse side of the Change of Address Form.