

Mail the Completed Form to:  
Postal Inspector In Charge  
415 1st Ave N  
Seattle WA 98109



## Mail Theft and Vandalism Complaint

### 1. Post Office (Including Station or Unit and ZIP + 6)

Perrinville: 7601 Olympic View Drive  
Edmonds, WA 98026-9998 (425) 670-2710

### 2. Name of Complainant

Street Address

Apt. No.

Home Telephone (Include Area Code)

City, State, and ZIP + 4

Work Telephone (Include Area Code)

### 3. Nature of Complaint

- ☐ Theft of Mail    ☐ Damage to Mailbox    ☐ Mail Tampering    ☐ Mail Rifling    ☐ False Change of Address
- ☐ Fire in Mailbox    ☐ Other (Describe)

Occurrence Date and Hour

### 4. Contents of Mail Stolen

- ☐ Correspondence    ☐ Currency    ☐ Check    ☐ Bank Statement    ☐ Credit Card    ☐ ATP (Food stamps card)
- ☐ Credit Card    ☐ Statement    ☐ Other (Describe)

### 5. Type of Delivery

- ☐ Apt. House; No. of Families \_\_\_\_\_    ☐ Private Home    ☐ P.O. Box    ☐ Rooming House    ☐ Office Building    ☐ Rural or HCR
- ☐ Hotel/Hospital    ☐ Other (Describe)

### 6. Type of Receptacle

- ☐ Door Slot    ☐ NDCBU    ☐ Approved Apartment Panel    ☐ Collection    ☐ Residence    **Locked?** ☐ Yes
- ☐ Desk Service    ☐ Rural Type    ☐ Combination    ☐ No

### 7. Particulars of Stolen Check

- ☐ 01) Personal    ☐ 02) Commercial    ☐ 03) Local    ☐ 04) State    ☐ 05) Federal    ☐ 06) Money Order    ☐ 07) ATP

Sender's Name and Address

Payee (If different from complainant)

Amount

Check No.

Date

Symbol No. (If U.S. Treasury)

\$

Maker of Check

Bank on Which Drawn

### 8. Purpose for Which Check Issued

9.

**If Check or Money Order  
Was Cashed, Obtain  
Particulars**  
(Date, place, person  
accepting it, etc.)

### 10. Suspects (Name, address, physical description, car description and license no.)

### 11. Were Police Notified?

☐ Yes (If "Yes," give Police Report No.: \_\_\_\_\_)

☐ No (If "No," instruct complainant to do so.)

### 12. Remarks (Continue on reverse, if necessary)

13. Date of Complaint

14. Complaint Received by (Signature)