

## **Private Mailbox Services**

When considering the size of mailbox needed please keep in mind that if your mailbox overflows due to volume or lack of being picked up on a regular basis we will have to remove your overflowing mail and start storing it. If we have to do this too often the regular box rental fees are doubled and we will give you notice prior to taking this action. We ask that customers pickup packages within a couple of days of being delivered. We don't mind holding a couple of packages for a few days if they fit on the shelving, but when the packages exceed the size that fits or if the count increases we rapidly run out of room to store the packages. Storage rates vary depending on size and volume.

If/when you decide to close the box the US Postal Service will not forward your mail from this address without new postage applied. You can choose between paying for your forwarding or you can have us destroy any mail that happens to come in after you leave. If you choose to forward, you must supply funds for us to use to forward your mail. If funds are not supplied the mail will be safely destroyed. Please select your choice and sign the sheet.

### **Check list for Mailbox Application.**

1. 1583 Postal Form, signed and notarized.
2. Forwarding disclosure & instructions
3. Service Choice page
4. Application and agreement page
5. Clear, readable copies of the ID used to complete the 1583

You can email/fax us copies electronically to start the box, but to obtain a private mailbox # we MUST receive the payment. Please understand that this form is the only way to give us legal rights to accept your mail; without the completed original forms we must by law (and your protection) refuse the mail. We will email you an invoice for payment; once the payment and the originals are received we can start handling and processing your mail and any forwarding requests.

Please note that we may not be able to disclose the sender of your mail when you call us. We have no verifiable way to confirm who is calling and if that caller has the right to access that mailbox. It is critical that your mail be addressed correctly; if not, it can and may be refused by the sorting facility, the mailman or our staff. Our entire plaza shares the address so using the complete address with the box # is critical. Postal Regulations prohibit the use of Suite, Apt, Room, STE or any other designation other than PMB# or just # with your box number. Even if you use BOX #123 it could be mistaken for a PO BOX address and be routed to the PO for delivery there. Postal regulations require incomplete or wrongly addressed mail be returned to sender.

Once you have started the service with us please make sure you notify everyone of your new address. Be sure that you give it to them correctly, a mistake now can be costly and a pain to correct later.

Your Name/Business name

1879 Whitehaven Road # \_\_\_\_\_

Grand Island, NY 14072-1803

We even give you a sheet of address labels with your new address printed on it for your convenience.

Forwarding Disclosure  
&  
Hazardous and Prohibited Materials  
Shipping Statement

As a forwarding customer of Island Ship Center, 1879 Whitehave Road, Grand Island, New York, 14072-1803, you may have packages sent to this address to be forwarded. By law we are required to know the contents of parcels we are shipping and to adhere to any and all safety regulations. These packages may have been legally shipped to you here, but that does not mean we are licensed or permitted to ship/forward them to you.

Your signature below represents an agreement between you and Island Ship Center that you will disclose the contents of any packages accurately to us should we inquire. Also, you agree that you will not ship any ORM-D, hazardous, dangerous or illegal goods of any kind. Parcel Room is strictly prohibited from shipping or forwarding any package containing hazardous items, including but not limited to ORM-D, tobacco, firearms, portions of firearms, flammable fluids, perfumes, alcohols, solvents or dangerous goods of any kind. Shipments containing batteries are restricted, and you are required to know the limits of acceptable quantities and strengths. Lithium Ion Batteries (usually these are Laptop batteries) cannot exceed 10,000 mAh or 100 WattHours. No type of battery may be shipped via US Mail to destinations outside the USA through our location.

Island Ship Center is not liable for any damages to packages received and forwarded to another location. You are responsible for all contents with respect to liability, legality and/or safety of your packages.

Thank you for your cooperation. Hazardous materials in shipping are a danger to many innocent people.

Customer signature

–Date–

\_\_\_\_\_

\_\_\_\_\_

**Please forward mail to** (this may be changed later)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please forward the mail (circle one)**

Weekly

Bi-monthly(1st & 3rd week)

Monthly(1st week)

By Email Request

Service Choices

**Check all that apply**

Box Key Deposit (\$10.00 refunded when closing, not required for Virtual or full time forwarding boxes)

Setup Fee (\$10.00 per box, waived if you rent box for the year)

24 Hour Access Fee (\$1.00 per month, not needed for Virtual or fulltime forwarding)

Setup Fee (add names at a later date \$5.00 per name, maximum of 5 names business and or personal)

Mail Forwarding (\$50.00 minimum. Recommended amount varies depending on volume & frequency, for security reasons you must set up Forwarding when you commence the rental.

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

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

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

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

City \_\_\_\_\_ State \_\_\_\_\_

Zip code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Zip code \_\_\_\_\_

Primary Email address: \_\_\_\_\_

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

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

**Circle your choice**

<b>Size</b>	<b>Monthly</b>	<b>Quarterly</b>	<b>Bi-Annual</b>	<b>Annual</b>
Small	\$17.00	\$45.00	\$90.00	\$180.00
Medium	\$21.00	\$57.00	\$114.00	\$228.00
Large	\$26.00	\$69.00	\$138.00	\$264.00

**Virtual Mailbox**

Business Box	\$45.00	\$135.00	\$270.00	\$540.00
Personal Box	\$25.00	\$75.00	\$150.00	\$300.00

Virtual mailboxes we ask that you let us know by the 15th of each month if you want the previous month's mail forwarded or shredded.

# Acceptable Forms of Identification for 1583

Source, July 15, 1999 Postal Bulletin

CMRAs and their customers must present two forms of identification, one with a photograph. Social Security cards, credit cards, and birth certificates are not acceptable forms of identification. The following are examples of acceptable forms of ID.

- Valid drivers license or non drivers state ID
- 
- Armed Forces ID
- 
- Government ID
- 
- University ID
- 
- Recognized Corporate ID
- 
- Passport (valid)
- 
- Alien Registration Card (valid)
- 
- Current lease, mortgage or deed
- 
- Voter registration card
- 
- Utility bill
- 
- Home or vehicle insurance policy
- 
- Vehicle registration card

The identification presented must confirm that the applicant is who he or she claims to be. By verifying identification, the Postal Service will protect against delivering mail without verifiable consent of the actual addressee.

# Instructions for filling out and completing the US Postal Form 1583

## For Everyone, each adult receiving mail is required to complete this form.

- Box 1: Enter date
- Box 2: Name (s) Personal & business or dba name or AKA name
- Box 3: Leave blank & we will complete with the mailbox #
- Box 4: Island Ship Center, 1879 Whitehaven Road, Grand Island, NY 14072
- Box 5: Your signature required here for us to accept Certified Mail.
- Box 6: Enter your name(s)
- Box 7: Enter your address and phone number ( Must match what is on 1 pc of ID)
- Box 8: Enter the number of your 2 types of identification. Make copies of those identifications to send with your form. Notary enters data on the form.

## For Businesses

- Box 9: Enter your company name
- Box 10: Enter your company's address and phone number
- Box 11: Enter the type of business
- Box 12: For the business, enter the names of the people who will receive mail
- Box 13: Enter the names and addresses of the company officers
- Box 14: Enter the registered business name and address, plus the country, state and date of registration

## For Everyone

- Box 15: Get the form signed by agent or notary public
- Box 16: Your signature

Since the Postal Service is required to have the originals, send the completed form, along with the copies of your identification to Island Ship Center, Attn: Private Mailbox Dept, 1879 Whitehaven Rd, Grand Island, NY 14072. We will assign you a mailbox number once we have payment and the documentation. Each person also must complete the contract between you as the customer and Island Ship Center as the receiving agent of mail and parcels. The primary box holder is the person that controls that mailbox for forwarding, access, rental, closing or continuing.

United States Postal Service®  
**Application for Delivery of Mail Through Agent**  
 See Privacy Act Statement on Reverse

1. Date \_\_\_\_\_

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee 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 addressee 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) upon request 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 addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

**NOTE:** The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee 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 boxes 7 or 10, and that the identification listed in box 8 is valid.

2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)		3a. Address to be Used for Delivery (Include PMB or # sign.) <div style="text-align: center; font-size: 1.2em;">1879 Whitehaven Road # _____</div>		
4. Applicant authorizes delivery to and in care of:  a. Name <div style="text-align: center; font-size: 1.2em;">Island Ship Center</div>		3b. City <div style="text-align: center; font-size: 1.2em;">Grand Island</div>	3c. State <div style="text-align: center; font-size: 1.2em;">NY</div>	3d. ZIP + 4® <div style="text-align: center; font-size: 1.2em;">14072-1803</div>
b. Address (No., street, apt./ste. no.) <div style="text-align: center; font-size: 1.2em;">1879 Whitehaven Road</div>		5. This authorization is extended to include restricted delivery mail for the undersigned(s):		
c. City <div style="text-align: center; font-size: 1.2em;">Grand Island</div>	d. State <div style="text-align: center; font-size: 1.2em;">NY</div>	e. ZIP + 4 <div style="text-align: center; font-size: 1.2em;">14072-1803</div>		
6. Name of Applicant		7a. Applicant Home Address (No., street, apt./ste. no)		
8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification.  a. _____  b. _____  Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.		7b. City	7c. State	7d. ZIP + 4
12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.)		7e. Applicant Telephone Number (Include area code)		
13. If a CORPORATION, Give Names and Addresses of Its Officers		9. Name of Firm or Corporation		
14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.		10a. Business Address (No., street, apt./ste. no)		
15. Signature of Agent/Notary Public		10b. City	10c. State	10d. ZIP + 4
16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)		10e. Business Telephone Number (Include area code)		
Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).		11. Type of Business		

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**Privacy Act Statement:** Your information will be used to authorize the delivery of your mail to the designated addressee as your agent. Collection is authorized by 39 USC 401, 403, and 404. Providing the information is voluntary, but if not provided, we cannot provide this service to you. We do not disclose your information without your consent to third parties, except for the following limited circumstances: to a congressional office on your behalf; to financial entities regarding financial transaction issues; to a USPS® auditor; to entities, including law enforcement, as required by law or in legal proceedings; to contractors and other entities aiding us to fulfill the service; and for the purpose of identifying an address as an address of an agent who receives mail on behalf of other persons. Information concerning an individual who has filed an appropriate protective court order with the postmaster will not be disclosed except pursuant to court order. For more information on our privacy policies, see our privacy link on [usps.com](https://usps.com)®.

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**Application & Agreement for Mailbox Service**

This agreement made (date) \_\_\_\_\_ by and between \_\_\_\_\_ hereinafter referred to as "applicant" and Island Room, hereinafter referred to as "Island Ship Center", shall be governed by these terms to which each party agrees:

1. By completing this form and USPS form 1583, a copy of which will be made available by the United States Postal Service. Applicant appoints Island Ship Center as the agent for the recipient for a period not to exceed that for which rent has been paid in advance. Applicant will pick up mail at least each month or make other suitable arrangements, in advance, with Island Ship Center. Should Applicant appoint another person or organization. Island Ship Center shall assume that possession of a key is evidence of authority to collect mail.
2. The key loaned to Applicant remains the property of Island Ship Center and shall not be duplicated or modified by Applicant without permission. The key for the mailbox comes with a keyless entry to our 24 Hour mailbox facility and business center. There is a yearly fee of \$35 for access to this facility. Applicant understands that the relationship of the parties hereto is one of bailment and not landlord and tenant.
3. Once Island Ship Center has placed Applicant's mail in the assigned lockbox, the mail shall be deemed to have been delivered, and Island Ship Center shall not be responsible for loss, theft or damage. Island Ship Center is not engaged in the delivery of mail and cannot be responsible for failure of the United States Postal Service to deliver mail, or to deliver it in a timely fashion or an undamaged condition.
4. Applicant agrees to use services in accordance with Island Ship Center's rules and in compliance with the 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 notice, 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 Island Ship Center 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 five (5) persons or organizations in a single lockbox and each must complete a USPS Form 1583 and provide photo identification. If Applicant consistently receives substantially more mail than can be placed in a single lockbox, Island Ship Center reserves the right to require Applicant to rent a larger size box or one or more additional boxes. Charges for service purchased upon average daily volume and activity. Special circumstances, for example, a high number of parcels, 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 a common carrier only, that truck line deliveries will not be made, that parcels will be retrieved within twenty-four (24) hours after delivery, and that no hazardous or dangerous materials will be delivered to Applicant. Failure to adhere to any of these parcel delivery stipulations will result in termination of service. There is a \$5.00 monthly fee for each business or organization that is listed on the mailbox.
7. Applicant agrees to protect, indemnify, and hold Island Ship Center harmless from and against any and all claims, demands, and causes of action any nature whatsoever relative to the use of Island Ship Center facilities or services.
8. Should Island Ship Center commit or fail to commit any act that results in disruption of service and Applicant thereby suffers a loss, Island Ship Center's liability shall be limited to not more than the service fees paid by Applicant for services not yet received. Island Ship Center shall not be liable for incidental or consequential damages.
9. Per USPS regulations, Certified, Registered, Insured, or C.O.D. mail or parcels will be accepted by Island Ship Center on behalf of the Applicant. Full and advance payment of C.O.D. charges must be made available to Island Ship Center prior to acceptance of C.O.D. packages.
10. Parcel Room fees are due and payable in advance and notice thereof will be placed in Applicant's lockbox and or email. No other notice will be required. Failure to pay such fees when they are due may result in disruption or cancellation of services. Island Ship Center does not prorate fees for refund and does not provide refunds in the event of cancellation by Applicant.
11. Applicant shall use only the address designation PMB#\_\_ or #\_\_ to designate their address. NO OTHER DESIGNATION IS VALID. Specifically excluded is the use of words such as, suite, apt., dept., or other designators. The U.S. Postal Service may refuse to deliver any piece of mail that does not include PMB or # designation. Applicant is responsible for notifying correspondents of the above address. The address is to be used by Applicant for the purpose of receiving mail is as follows:

Applicant's name or business name  
1879 Whitehaven Rd # \_\_\_\_\_  
Grand Island, NY 14072-1803

12. Upon termination of services by Island Ship Center, or failure to pay service fees in advance by Applicant, Island Ship Center 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 (s)he wishes to have mail forwarded after that date, shall provide Island Ship Center with a forwarding address and pay the required fees. In the event Applicant fails to do this, Island Ship Center will accept the Applicant's mail (as required by USPS regulations) for 6 months and once accepted, safely destroy it per regulations.

13. All Applicants agree that the primary box holder has sole authority / responsibility for all aspects of the box for instructions, possession and or forwarding at close or termination. Secondary users are guests only and hold no authority. At Termination of service I instruct Island Ship Center as follows:

\_\_\_\_\_ Forward my mail to my new address in consideration thereof I place \$\_\_\_\_\_ on deposit to be used for this purpose.

\_\_\_\_\_ Do not forward my mail. I understand that mail will not be forwarded and will be destroyed.

\_\_\_\_\_

\_\_\_\_\_

AGENT

APPLICANT



