FORWARDING ADDRESS FORM

SUMMER ONLY? [ ] NO [ ] YES (Be sure to inform your postmaster)

If YES, date forwarding should: **start** ____ / ____ / ____ **end** ____ / ____ / ____
MM DD YY MM DD YY

This information is for Clear Creek's use only. The forwarding address is effective for six months after the start date.

NAME: _____

Old Box #: _____

New Address: _____

_____
(City) (State) (Zip Code)

Phone # (if available): (_____)_____

Please list the names of all people whose mail should be forwarded:

_____ _____

_____ _____

_____ _____

_____ _____

I agree to pay forwarding postage of all newspapers, magazines, and other mail that cannot otherwise be forwarded. [ ] NO [ ] YES *If no option is marked, it will be assumed that you do not prefer to have such mail relayed on to you and, therefore, it will be disposed of properly.*

_____ _____
Signature Date