



DEPARTMENT OF HEALTH & HUMAN SERVICES

FOOD AND DRUG ADMINISTRATION

To: Postmaster

Agency Control Number:

Date:

ADDRESS INFORMATION REQUEST

Please furnish this agency with the new address, if available, for the following individual or verify whether or not the address given below is one at which mail for this individual is currently being delivered. If the following address is a post office box, please furnish the street address as recorded on the boxholder's application form.

Name:

Last Known Address:

I certify that the address information for this individual is required for the performance of this agency's official duties.

(Signature of Agency Official)

(Title)

FOR POST OFFICE USE ONLY

<input type="checkbox"/> MAIL IS DELIVERED TO ADDRESS GIVEN	NEW ADDRESS
<input type="checkbox"/> NOT KNOWN AT ADDRESS GIVEN	_____
<input type="checkbox"/> MOVED, LEFT NO FORWARDING ADDRESS	_____
<input type="checkbox"/> NO SUCH ADDRESS	
<input type="checkbox"/> OTHER (SPECIFY):	BOXHOLDER'S STREET ADDRESS
_____	_____
_____	_____
Agency return address	Postmark/Date Stamp

INSTRUCTIONS FOR COMPLETING IOM EXHIBIT 3-3

If you have already attempted to locate the individual or firm by sending mail marked on the outside of the envelope "DO NOT FORWARD. ADDRESS CORRECTION REQUESTED", without results, then proceed with this form according to the instructions below.

INSTRUCTIONS

1. Address the request to the Postmaster at the post office of the last known address.
2. Insert FEI # if known; or assignment or sample number for Agency Control number.
3. On the lines provided, give the name and last known address, including zip code, of the individual or firm. Do not include any other identifying information such as race, date of birth, social security number, etc.
4. The Postal Service provides the service of address verification to Government agencies only. For this reason, the Postal Service requires the signature and title of an agency official to certify that the address information requested is required in the performance of the agency's official duties. The agency official should be if possible, the chief of the office requesting the information. In the interests of efficiency, the signature may be preprinted or rubber-stamped.
5. Type or stamp the agency's return mailing address in the space provided at the bottom of the request. Then, mail or deliver the request to the Postmaster at the post office of the last known address.

You are not required to submit this request in duplicate or to furnish a return envelope.