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

[ ] MAIL IS DELIVERED TO ADDRESS GIVEN
[ ] NOT KNOWN AT ADDRESS GIVEN
[ ] MOVED, LEFT NO FORWARDING ADDRESS
[ ] NO SUCH ADDRESS
[ ] OTHER (SPECIFY): ___________________________
BOXHOLDER’S STREET ADDRESS: ___________________________

Agency return address: ___________________________
Postmark/Date Stamp: ___________________________

Under the authority of 39 CFR 265.6(d)(5) and (d)(7)

265.6 Availability of records

(5) Disclosure of names and addresses of customers: Upon request, the names and addresses of specifically identified Postal Service customers will be made available only as follows: (5) Exceptions. Except as otherwise provided in these regulations, names or addresses of Postal Service customers will be furnished only as follows: (i) To a federal, state or local government agency upon prior written certification that the information is required for the performance of its duties. The Postal Service requires government agencies to use the format appearing at the end of this section when requesting the verification of a customer’s current address or a customer’s new mailing address. If the request lacks any of the required information or a proper signature, the postmaster will return the request to the agency, specifying the deficiency in the space marked ‘OTHER’. A copy of PS Form 1093 may be provided.

(7) Address verification. The address of a postal customer will be verified at the request of a Federal, State, or local government agency upon written certification that the information is required for the performance of the agency’s duties. “Verification” means advising such an agency whether or not its address for a postal customer is one at which mail for that customer is currently being delivered. “Verification” neither means nor implies knowledge on the part of the Postal Service as to the actual residence of the customer or as to the actual receipt by the customer of mail delivered to that address. The Postal Service requires government agencies to use the format appearing at the end of this section when requesting the verification of a customer’s current address or a customer’s new mailing address. If the request lacks any of the required information or a proper signature, the postmaster will return the request to the agency, specifying the deficiency in the space marked ‘OTHER’.

U.S. Food and Drug Administration
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INVESTIGATIONS OPERATIONS MANUAL 2017

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.