



Request for Delivery Information/ Return Receipt

Note: This PS Form 3811-A serves to provide delivery information for a hardcopy return receipt (PS Form 3811) that was not received by the customer. It is not for use with items sent with Signature Confirmation™ Restricted Delivery, Adult Signature, or insurance for more than \$500.

Instructions for Use

Accepting Office

1. *Internal Use Only.* Help the customer complete Section 2 of this form and carefully compare it to the customer's receipt. Ensure that the date on the customer's receipt is not more than 90 days old — the Postal Service can process this request only if the customer submits it within 90 days from the date on the mailing receipt. If the customer meets these requirements, complete the shaded portions in Section 1.

2. Select **ONE** of the following two options:

A. If the item was mailed to an office using a product tracking system (all offices in the U.S., including Alaska, Puerto Rico, and the Virgin Islands), choose one of the following two options:

- If your office has intranet access, use the intranet to generate the request via e-mail. If e-mail is not provided in Section 2, item D., manually complete Section 3 and mail to the customer.
- If your office does not have intranet access, send this entire form, with Sections 1 and 2 completed, to a designated inquiry location.

If the electronic record is available, the office (either the accepting office with intranet access, or the designated inquiry location) requests the record electronically and discards this form. If the electronic record is not found, the office manually completes Section 3 and mails the bottom portion of this form to the customer.

B. If the item was mailed to an office using manual record management (refer to *Postal Operations Manual*, Section 619 for full listing), send this entire form, with Sections 1 and 2 completed, to the delivery office.

Delivery Office - Use Only for Manually Filed Delivery Record Inquiries (2B checked above)

1. If the form is not postmarked to show that the fee was paid at the time of the mailing, return this form to the accepting office.
2. Complete the items in Section 3 below. Enter the delivery information or indicate the reason for no information.
3. After completion, detach and insert the bottom portion of this document in an envelope addressed to the customer and deposit it in the mailstream. Discard the remaining portion.

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| SECTION 1 | Accepting Office: Add a postmark to this PS Form 3811-A if the customer meets the following requirements: <ul style="list-style-type: none"> ■ Provides a receipt showing that the Return Receipt fee was paid at the time of mailing. ■ Submits this request within 90 days from the date on the mailing receipt. | Postmark |
| | Accepting Office City/State/ZIP Code™: | |

Acceptance/Delivery Office/Manual Inquiries: Detach at dotted line and return bottom portion to customer when the inquiry is resolved. Discard remainder of form.

Electronic Inquiries: Generate request from intranet and discard the entire form if record is found.

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| SECTION 2 | A. TYPE OF SERVICE | | C. ARTICLE INFORMATION | |
| | <input type="checkbox"/> Certified Mail™ <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Registered Mail™ | | USPS Tracking Number | |
| | Addressee Name | | Mailing Date (mm/dd/yy) | |
| | Addressee Address (No., street, apt./ste. no.) (City, state, ZIP Code) | | Customer Name | |
| Customer Address (No., street, apt./ste. no.) (City, state, ZIP Code) | | E-mail address (Complete ONLY if an electronic inquiry) | | |
| SECTION 3 | For Accepting or Delivery Office Use Only | | Delivery Office Postmark | |
| | Postal Service™ records show no delivery information because: <ul style="list-style-type: none"> <input type="checkbox"/> Record not found <input type="checkbox"/> Forwarded (date _____) <input type="checkbox"/> Returned (date _____) | | Delivered to the following individual, company or organization | |
| | | | Delivery Address (if different from address in section 2B) | |
| | | Delivery Date | | |