

**Postal Service Alternative Delivery Agreement due to Screenings for COVID-19**

**Discussion Date:** \_\_\_\_\_

**Facility Information:**

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

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

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

E-mail: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Facility Contact's Selected Alternative Method for Delivery:**

- 1) Opt to redirect mail to a temporary receptacle inside or outside the building where the screening would not be necessary.

- a. Location of receptacle: \_\_\_\_\_

- 2) Have the mail held at your local Post Office to be picked up during business hours on a scheduled frequency.

- a. Pick-up Schedule: \_\_\_\_\_

- b. Employee(s) Authorized to Pick Up Mail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3) Forward mail to alternate location.

- a. New Address or Location:

\_\_\_\_\_  
\_\_\_\_\_