

TEMPORARY MAIL DISPOSITION
INSTRUCTIONS

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NAME (Last, First, MI) (Print):	RECEPTACLE NUMBER:
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STATUS

<input type="checkbox"/>	ADV ASG	<input type="checkbox"/>	LEAVE	<input type="checkbox"/>	CONFINED
<input type="checkbox"/>	TDY	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	AWOL

EFFECTIVE DATES TO FWD OR HOLD MAIL (Yr, Mo, Day)

FROM: TO:

<input type="checkbox"/>	FORWARD ALL MAIL	<input type="checkbox"/>	HOLD ALL MAIL
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FORWARD ONLY

<input type="checkbox"/>	LETTERS	<input type="checkbox"/>	PARCELS	<input type="checkbox"/>	NEWSPAPERS/MAG
<input type="checkbox"/>	PAYCHECK(S)	OTHER (Use Spec Inst)			

COMPLETE FORWARDING ADDRESS:

SPECIAL INSTRUCTIONS:

SIGNATURE OF RECEPTACLE HOLDER	DATE (Yr, Mo, Day)
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FOR ADVANCE RECEPTACLE ASGN,
LIST NAME OF SPONSOR AND
DUTY PHONE IN THE SPECIAL
INSTRUCTIONS BLOCK.