

## MUTUAL EXCHANGE REQUEST FORM

The following regular rural carriers request a mutual exchange of their respective post offices in accordance with Article 12.4.A.3.

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Rural Carrier A, (Name): \_\_\_\_\_

Rural Carrier on Route Number: \_\_\_\_\_

Post Office: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Rural Carrier B, (Name): \_\_\_\_\_

Rural Carrier on Route Number: \_\_\_\_\_

Post Office: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Rural Carrier C, (Name): \_\_\_\_\_

Rural Carrier on Route Number: \_\_\_\_\_

Post Office: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Signatures on this form signify approval by all parties involved with the exchange. The posting of the routes of these regular carriers, in each installation, will occur within reasonable time after the completion of this form in accordance with Article 12.3.A.

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OFFICE A - Signature of Rural Carrier \_\_\_\_\_ DATE \_\_\_\_\_

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OFFICE A - Signature of Postmaster \_\_\_\_\_ DATE \_\_\_\_\_

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OFFICE B - Signature of Rural Carrier \_\_\_\_\_ DATE \_\_\_\_\_

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OFFICE B - Signature of Postmaster \_\_\_\_\_ DATE \_\_\_\_\_

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OFFICE C - Signature of Rural Carrier \_\_\_\_\_ DATE \_\_\_\_\_

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OFFICE C - Signature of Postmaster \_\_\_\_\_ DATE \_\_\_\_\_

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