



POSTAL BULLETIN

INSTRUCTIONS AND INFORMATION FOR POSTAL EMPLOYEES
PUBLISHED WEEKLY



LXXVII

Washington 25, D. C., Thursday, January 31, 1957—Seven Pages

20010

All Post Offices

New Domestic Indemnity Claims Procedure for Insured Mail

I. Claims Adjudicating Officer.—Effective February 1 the designation of the 15 post offices named in 355.51 of the Postal Manual as claims adjudicating offices for specific territories is terminated, except for claims involving COD mail. Postmasters at these 15 offices should arrange to reduce work assignments on claims adjudication activities to the level actually needed to handle the volume of adjudication work which will gradually reduce as a result of the following instructions. Separate letters of instruction will be sent to postmasters at the 15 points affected explaining their future claims activities.

II. Extended Coverage.—All postmasters at offices of the first class, under instructions published in the POSTAL BULLETIN of September 27, 1956, are now adjudicating insured mail claims received at their offices for addition of the evidence that will complete them. **This adjudication function (certifying or disallowing claims) is now to be performed also at post offices of the second, third and fourth classes, effective at once.** The following instructions, which relate only to claims for insured packages, are applicable to all post offices of all classes, and supersedes the instructions published in the POSTAL BULLETINS of September 27 and November 29, 1956.

III. What Claims to Adjudicate.—Adjudicate all insured mail claims received for addition of the statements and evidence which will complete them. This means administrative certification for payment or disallowance.

A. How to Handle Claims.—For example, if a claim is started by the sender requesting payment of insurance for a completely damaged article which he mailed for delivery at another post office, the claim with the statements of the sender and the postmaster at the mailing point would be sent to the postmaster at the post office of address. The post office of

address, irrespective of its class, would become the adjudicating office after addition of the addressee's signature and completion of the statement of the postmaster. See the typical claims flow chart in this Bulletin.

B. Where to Send Claims Returned for Additional Information.—Any claims which already had been received for adjustment at the 15 designated claims offices, and which were returned for additional information, shall be returned to the appropriate former designated claims adjudication office for final attention.

IV. Review Policy.—Review POD Form 3812, *Request for Payment of Postal Insurance*, and accompanying papers for completeness. Give all claims prompt attention and review completed claims with the objective of approving for payment, if possible. Do not permit trivial omissions or unsupported value statements to prevent or delay your certification for payment, especially if the amounts claimed are for \$25 or less, or are otherwise within reasonable limits.

V. Program Objective.—It is important for the success of this program that all postmasters understand their new responsibilities and wholeheartedly lend their full support. Thoroughly indoctrinate those employees who handle insurance claims with the necessity for prompt attention to all claims and adoption of a progressive and positive attitude toward their adjudication. This will expedite payments to postal patrons which is the **primary objective of the program.**

VI. Administrative Certification for Payment.—Complete the following items on Form 3812 as follows:

Item 31. Show the name of your post office and the State.

Item 32. Show the name and complete address of the payee. (This information will come from Item 9 on Form 3812.)

Item 33. Show your office claim number. (See paragraph 10 of these instructions.)

Item 34. If Form 3812 shows that a damaged article is in possession of a post-

master, issue brief instructions as to its disposition and check the appropriate block on Form 3812. If the article is in possession of an individual and it is to be surrendered to the Postal Service in consideration of payment for its full value, issue instructions to the appropriate postmaster to take up the article and dispose of it as the property of the United States. Check the appropriate block in this case.

Item 35. Leave blank.

Item 36. Authorized official responsible for administratively certifying claims shall sign his full name.

Item 37. Enter the date of your administrative certification.

Item 38. Enter from Item 10 of Form 3812 the amount to be paid for the lost, missing, or damaged goods. **NOTE:** This amount must not exceed the maximum amount of liability prescribed for the insurance fee paid.

Item 39. Show in cases involving payment for total damage of all of the contents of the insured package, or loss of the package itself, the amount of postage to be refunded. (The insurance fee is not refundable.)

Item 40. Show the total amount to be paid—insurance (Item 38) plus postage (Item 39).

Item 41. Reserved for use by the Regional controller only.

VII. Forwarding Certified Insurance Claims.—Send claims administratively certified for payment direct to the regional controller for the region in which the **post office of mailing** is located. **Do Not Send These Claims To The Former Claims Adjudication Office.** The addresses of all regional controllers are shown at the end of this notice.

VIII. Disallowing Claims.—Attach a brief statement to Form 3812

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New Domestic Indemnity Claims Procedure for Insured Mail

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showing the reason for disallowing the claim. Send all papers to the postmaster at the post office where the claimant is located with request that the claimant be notified. Instruct the postmaster to retain the disallowed claim in his files.

IX. Doubtful Claims.—If you have for review a claim which is complete in every detail, but which for some reason you are unable to certify or disallow, send it to the Bureau of Post Office Operations, Division of Mail Classification, with a statement showing your reason for inability to certify or disallow. It will be returned with directions for its disposition.

X. Incomplete Claims.—Send claims which were improperly completed or are incomplete to the post office where the missing evidence may be added or statements corrected. The post office where the claim is completed will then become the adjudicating office.

XI. Handling Protests.—If the claimant appeals disallowance of his claim, and submits additional information or evidence which would support certification of the claim, certify it for payment and send the claim to the regional controller. If the claim cannot be certified for payment, attach the claimant's protest and send all papers to the Bureau of Post Office Operations, Division of Mail Classification, for final decision, with a brief statement.

XII. Claims Record.—All post offices where claims are accepted from patrons shall make an index record on POD Form 3841, *Claim Index Record*, in duplicate. One copy shall be retained as the claims record and the other copy attached to Form 3812 to become the claims record at the post office to which the claim is sent for completion and certification. Show on the claims record the disposition made of each claim and the date. Offices adjudicating claims shall show for certified claims the address of the regional controller to whom the claim is sent; other disposition made of claims not certified shall be shown on this record. File POD Form 3841 alphabetically by name

of the sender within the State of mailing. **Do not keep a follow-up file.** Section 355.214 will be modified and section 355.4 will be rescinded in a forthcoming amendment to the Postal Manual.

NOTE: If you do not have POD Form 3841, requisition a supply on your next regular supply requisition. In the meantime use POD Form 3819, *Claims Index Record-card*, as your claims index record.

XIII. Claim Numbers.—The claim number assigned to any claim is the only identifying link between the post office at which the claim is administratively certified for payment and the regional controller to whom the claim is sent and by whom paid. It is essential that the following instructions dealing with claim numbers be thoroughly understood and rigidly observed:

The claim number will always be a nine-digit number. The first two digits will be the State number, the next four digits your post office number (omitting the final zero) and the last three will be the claim number proper. For example, the 12th claim handled at a post office having the number 04-36090 would be assigned claim No. 04-3609-012. See the illustration of completed Form 3812. Be sure to insert dashes between the three segments of the claim number. This claim number also must be shown as the certifying office claim number if the claim is certified at your office. When the last segment of the claim number reaches 999, start again with 001.

XIV. Canal Zone Claims.—All claims involving domestic insured mail addressed to or mailed in the Canal Zone shall be sent, **without certification**, to the postmaster at New York, New York.

XV. Commercial Insurance Claims.—If the insured package was commercially insured (see answer to Item 5 on Form 3812), the postmaster at the office where the claim is finally completed shall send it to the postmaster at New York, N. Y., if the post office of mailing is east of the Mississippi River, or to the postmaster at San Francisco, California, if west of the Mississippi. **Exception**—Postmasters at the 15 offices formerly designated as claims adjudicating offices shall continue to handle claims involving commercial

insurance when these claims are finally completed at their offices.

XVI. COD Claims.—Until such time as detailed instructions are published revising the method of handling COD claims, postmasters shall continue to handle these claims as heretofore; that is, all completed COD claims shall be sent to the appropriate one of the 15 post offices named in section 355.5 of the Postal Manual.

XVII. Claims Involving APO's or NPO's.—All claims finally completed at post offices in the United States covering articles either mailed from or addressed to APO's or NPO's shall be sent to the postmaster to whose office the APO or NPO is attached. These offices are New York, New York, San Francisco, California, Seattle, Washington, and New Orleans, Louisiana. The postmasters at these offices will finally adjudicate this type of claim until further instructions are issued. **Exception.**—Claims received direct from APO's or NPO's by postmasters at any of the 15 former designated adjudication centers shall be adjudicated at these offices.

XVIII. Inquiries Regarding Status of Claims.—If inquiry as to the status of a claim is made by a patron, send a request for status information to the postmaster to whom the claim was sent. Furnish full mailing particulars of the insured mail which is the subject of the claim. **Do not make a status inquiry under any other circumstances.** Postmasters receiving status inquiries shall immediately reply to the postmaster from whom the inquiry was received. If a postmaster fails to reply to an inquiry after 15 days, send a copy of the inquiry to the regional operations manager in the region where the delinquent postmaster is located.

XIX. Duplicate Claims.—Do not start a duplicate claim unless the procedure in paragraph XVIII has been followed and you have received instructions from the regional operations manager to take this action. Duplicate claims may be started only when it is evident that the original claim has been lost or destroyed. When starting a duplicate claim, endorse POD Form 3812 at the top *Duplicate*. Also endorse the index record POD Form 3841 to show that a duplicate claim has been started.

(Continued on p. 6)

POST OFFICE FROM WHICH PACKAGE WAS MAILED FILL IN ITEMS 14 THROUGH 23		14. NAME OF YOUR POST OFFICE (City and State) <i>New York, N.Y.</i>	
18. INSURED PACKAGE WAS (Check one.) <input type="checkbox"/> UNNUMBERED <input checked="" type="checkbox"/> NUMBERED (Give number here.) <i>119325</i>		16. DATE PACKAGE WAS MAILED <i>Dec. 14, 1956</i>	17. YOUR CLAIM NO. —
19. IF PACKAGE WAS UNNUMBERED, WAS RECEIPT SUBMITTED? <input type="checkbox"/> NO <input type="checkbox"/> YES	20. IF PACKAGE WAS UNNUMBERED, WAS WRAPPER EXAMINED? <input type="checkbox"/> NO <input type="checkbox"/> YES	25. WAS PACKAGE C.O.D.? (Check one.) IF YES, GIVE NUMBER AND CHARGES <input type="checkbox"/> NO <input type="checkbox"/> YES	
21. POSTAL CHARGES	21(A). FEE <i>.15¢</i>	21(B). POSTAGE PAID <i>\$1.12</i>	21(C). SPECIAL DELIVERY FEE —
22. POSTMASTER <i>Robert H. Schaffer</i> BY <i>John Doe</i>		23. DATE SIGNED: <i>1-16-57</i>	
POST OFFICE TO WHICH PACKAGE WAS MAILED FILL IN ITEMS 24 THROUGH 30		24. NAME OF YOUR POST OFFICE (City and State) <i>Grapevine, Arkansas</i>	
25. IS THE CLAIM FOR A LOST PACKAGE? (Check one.) IF YES, WHAT RECORD, IF ANY, IS THERE OF DELIVERY, FORWARDING, RETURN TO SENDER, OR DISPOSITION AS UNDELIVERABLE MATTER? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		26. YOUR CLAIM NO. <i>04-3609-012</i>	
27. WAS PACKAGE DAMAGED? (Check one.) IF YES, WHO HAS POSSESSION OF THE PACKAGE? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <i>Postmaster at Grapevine, Arkansas</i>			
28. IF THE PACKAGE WAS C.O.D., IS THERE A RECORD OF DELIVERY? (Check one.) IF YES, GIVE MONEY ORDER NUMBER, AMOUNT, AND DATE <input type="checkbox"/> NO <input type="checkbox"/> YES			
29. POSTMASTER <i>Onie P. Clement</i> BY		30. DATE SIGNED <i>Jan. 28, 1957</i>	
PAYING OFFICE FILL IN ITEMS 31 THROUGH 41		31. NAME OF PAYING OFFICE <i>Grapevine, Arkansas</i>	
32. PAYEE'S NAME <i>J. Q. Public</i> <i>329 Victor Street</i> <i>New York, 27, N. Y.</i>		33. PAYING OFFICE CLAIM NO. <i>04-3609-012</i>	
34. INSTRUCTIONS HAVE BEEN ISSUED TO (Check one.): <input type="checkbox"/> RETURN PACKAGE TO CLAIMANT <input checked="" type="checkbox"/> DISPOSE OF PACKAGE AS U. S. PROPERTY		38. AMOUNT PAID THIS CLAIM <i>\$12.95</i>	39. AMOUNT PAID FOR POSTAGE REFUND <i>\$ 1.12</i>
35(A). WAIVER <input type="checkbox"/> ADDRESSER'S SIGNATURE WAIVED	35(B). SIGNATURE OF DISBURSING POSTMASTER (Signature area)		40. TOTAL AMOUNT PAID <i>\$ 14.07</i>
36. PAYING CLERK <i>Onie P. Clement</i>		37. DATE PAID <i>Jan. 28, 1957</i>	
41. CHECK NO.		(Blank area)	

See par. 10 of instructions.

This section now for use of postmaster at whose office claim is certified for payment. See par. 3 of instructions.

See par. 10 of instructions.

Leave blank.

Leave blank.

By checking postmaster certifies that damaged article has been disposed of as property of the U.S.

TYPICAL INSURANCE CLAIM FOR COMPLETELY DAMAGED ARTICLE - CLAIM FILED BY SENDER AND COMPLETED AND CERTIFIED FOR PAYMENT BY OFFICE OF ADDRESS

POST OFFICE DEPARTMENT
REQUEST FOR PAYMENT OF POSTAL INSURANCE (Domestic)

<p>PERSON OR FIRM MAKING REQUEST</p> <p>Fill in items 1. through 10. Item 11 is special, see below. Items 12 and 13 are for signatures.</p> <p>Note.—Request may be made by either the person or firm who mailed the package or the person or firm to whom the package was sent.</p>	<p>1. DATE YOU FILLED OUT THIS FORM <i>January 16, 1957</i></p> <p>2. BUSINESS FIRMS ENTER YOUR CLAIM NUMBER HERE _____</p> <p>3. I AM MAKING REQUEST AND AM THE PERSON OR FIRM (Check one.) <input checked="" type="checkbox"/> WHO MAILED THE PACKAGE <input type="checkbox"/> TO WHOM THE PACKAGE WAS MAILED</p>								
<p>4. REQUEST IS FOR PAYMENT FOR (Check one.)</p> <p><input type="checkbox"/> (A) LOST PACKAGE <input type="checkbox"/> (B) ARTICLES MISSING FROM PACKAGE <input checked="" type="checkbox"/> (C) COMPLETELY DAMAGED PACKAGE <input type="checkbox"/> (D) PARTIALLY DAMAGED PACKAGE <input type="checkbox"/> (E) RIFLED PACKAGE <input type="checkbox"/> (F) MONEY NOT RECEIVED FOR C. O. D. PACKAGE</p>									
<p>5. WAS PACKAGE COMMERCIALY INSURED? (Check yes or no.) IF YES, GIVE THE POLICY NUMBER AND THE NAME AND ADDRESS OF THE INSURANCE COMPANY</p> <p><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</p>									
<p>6. NAME AND ADDRESS OF PERSON OR FIRM WHO MAILED THE PACKAGE (Should be the same as the return address which was placed on the package.)</p> <p><i>J. Q. Public 329 Victor Street New York 27, N. Y.</i></p>									
<p>7. NAME AND ADDRESS OF PERSON OR FIRM TO WHOM PACKAGE WAS MAILED (Must be the same as shown on the package.)</p> <p><i>Sadie Jones 12 Park Road Grapovine, Arkansas</i></p>									
<p>8. LIST IN MANNER SHOWN BELOW ARTICLES WHICH WERE LOST, MISSING, OR DAMAGED</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">NUMBER OF ARTICLES</th> <th style="width: 40%;">VALUE, PRICE PAID, ACTUAL OR ESTIMATED COST OF REPAIR—IF AVAILABLE, USE PURCHASE RECEIPTS OR COPIES OF INVOICES</th> <th style="width: 20%;">CONDITION WHEN MAILED—NEW, USED, NEED OF REPAIR</th> <th style="width: 30%;">DESCRIPTION—USE TRADE NAMES IF KNOWN</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">\$ 12.95</td> <td style="text-align: center;">New</td> <td style="text-align: center;">G. E. Toaster</td> </tr> </tbody> </table>		NUMBER OF ARTICLES	VALUE, PRICE PAID, ACTUAL OR ESTIMATED COST OF REPAIR—IF AVAILABLE, USE PURCHASE RECEIPTS OR COPIES OF INVOICES	CONDITION WHEN MAILED—NEW, USED, NEED OF REPAIR	DESCRIPTION—USE TRADE NAMES IF KNOWN	1	\$ 12.95	New	G. E. Toaster
NUMBER OF ARTICLES	VALUE, PRICE PAID, ACTUAL OR ESTIMATED COST OF REPAIR—IF AVAILABLE, USE PURCHASE RECEIPTS OR COPIES OF INVOICES	CONDITION WHEN MAILED—NEW, USED, NEED OF REPAIR	DESCRIPTION—USE TRADE NAMES IF KNOWN						
1	\$ 12.95	New	G. E. Toaster						
<p>9. THE CHECK FOR MONEY PAID ON THIS CLAIM SHOULD BE MADE PAYABLE TO (Name) <i>J. Q. Public</i></p> <p>AND SENT TO (Address) <i>Same as above</i></p>									
<p>10. TOTAL AMOUNT CLAIMED (Do not include postage.) \$ 12.95</p>									
<p>ITEM 11 IS TO BE FILLED IN ONLY BY THE PERSON OR FIRM TO WHOM A C. O. D. PACKAGE WAS MAILED—ALL OTHERS LEAVE THIS BLANK</p>									
<p>11. DID YOU PAY THE C. O. D. CHARGES? (Check yes or no.) IF YOU CHECK YES, STATE HERE TO WHOM YOU PAID THE CHARGES AND WHERE</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>									
<p>I declare under the penalties of perjury that this claim has been examined by me and to the best of my knowledge and belief is true, correct, and complete.</p>									
<p>12. SIGNATURE OF PERSON OR FIRM WHO MAILED THE PACKAGE</p> <p><i>J. Q. Public</i></p>	<p>13. SIGNATURE OF PERSON OR FIRM TO WHOM THE PACKAGE WAS MAILED</p> <p><i>Sadie Jones</i></p>								

One block MUST be checked

If commercially insured this claim would be for adjudication by the postmaster at New York. See par. 12 of the instructions.

Sender must give a clear description of goods lost or damaged, and their value or, for damaged articles, the cost of repairs. Postmasters must not in any manner attempt to establish value or cost of repairs or take issue with any reasonable statement of value.

If this claim had been for a partially damaged article, sender would be required to attach a receipted bill for repairs already made or an estimate from a repairman showing the cost of repairs.

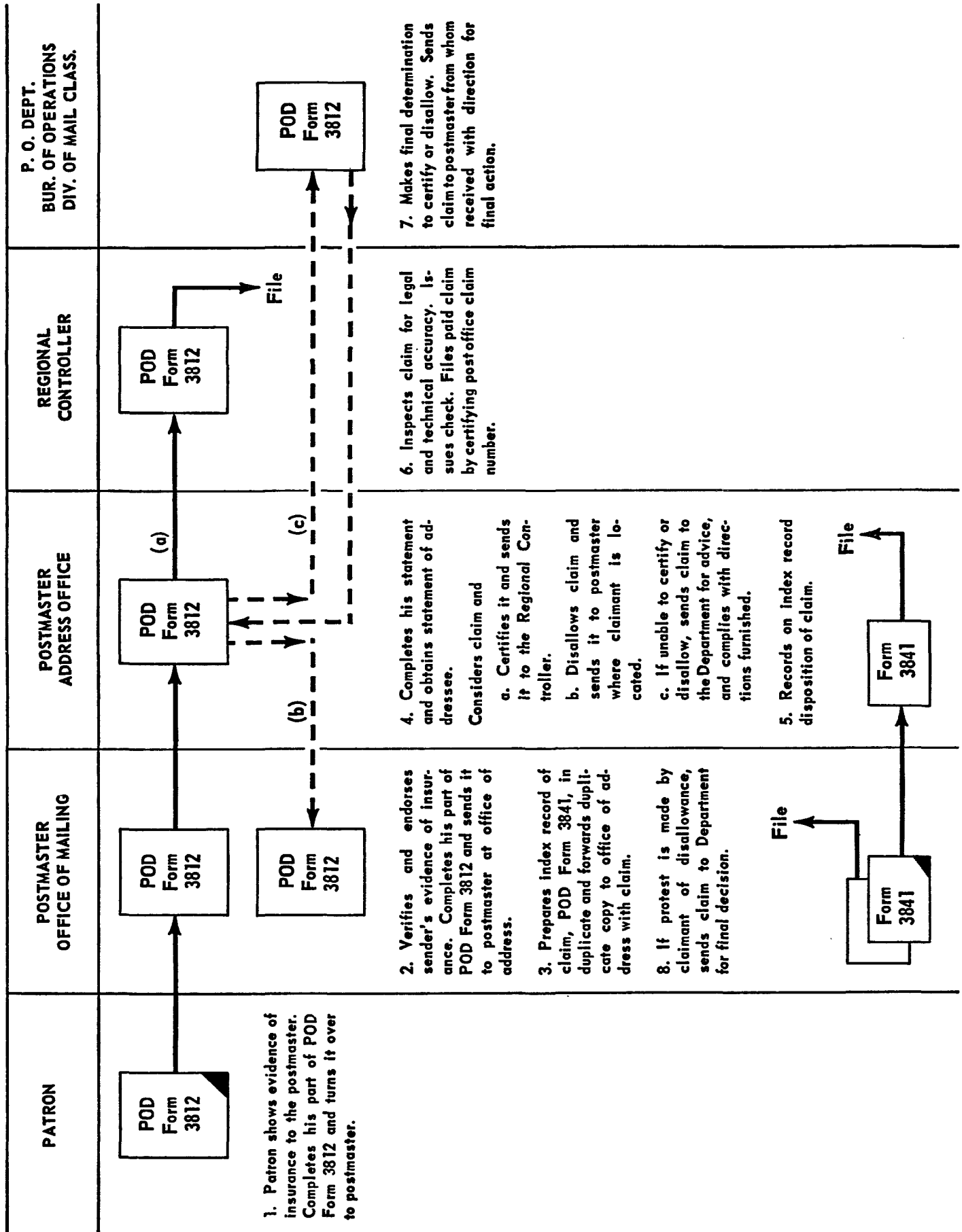
By this signature addressee agrees with statements made by sender, unless otherwise indicated.

POD Form 3812 August 1954

Replaces previous editions of this form which will NOT be used.

16-55390-6

LOSS OR DAMAGE CLAIM FILED BY SENDER



New Domestic Indemnity Claims Procedure for Insured Mail

(Continued from p. 2)

If the post office of mailing is located in—
 North Carolina, South Carolina, Georgia, Florida, Puerto Rico, and the Virgin Islands.
 Maine, New Hampshire, Vermont, Massachusetts, Connecticut, and Rhode Island.
 Illinois and the lower peninsula of Michigan
 Indiana, Ohio, and Kentucky
 Texas and Louisiana
 Wyoming, Utah, Colorado, Arizona, and New Mexico.
 Alabama, Mississippi, and Tennessee
 North Dakota, South Dakota, Minnesota, Wisconsin, and the upper peninsula of Michigan.
 New York
 Pennsylvania, New Jersey, and Delaware
 Washington, Oregon, Idaho, Montana, and Alaska.
 Virginia, West Virginia, Maryland, and District of Columbia.
 California, Nevada, Hawaii, and Trust Territories.
 Iowa, Missouri, and Arkansas
 Nebraska, Kansas, and Oklahoma

Send certified claims to "Regional Controller, Post Office Department" at the following addresses:
 Federal Annex Building, Atlanta 3, Ga.
 City Club Building, Boston 8, Mass.
 Main Post Office Building, Chicago 7, Ill.
 U. S. Post Office and Court House Building, Cincinnati 2, Ohio.
 Main Post Office Building, Dallas 1, Tex.
 Building 56, Denver Federal Center, Denver 2, Colo.
 161 Jefferson Avenue, Memphis 3, Tenn.
 512 Nicollet Avenue, Minneapolis, Minn.
 Main Post Office, New York 1, N. Y.
 Main Post Office, Philadelphia 4, Pa.
 Main Post Office Building, Portland 8, Oreg.
 Post Office Building, Richmond 19, Va.
 509 Flood Building, San Francisco, Calif.
 Cotton Belt Building, St. Louis 2, Mo.
 1628 George Washington Boulevard, Wichita 16, Kans.

Bureau of Post Office Operations.

Notices:

Domestic Fraud Orders:

<i>State & city</i>	<i>Name covered by order</i>
Mississippi, Starkville	Alberta Henry; Mrs. Alberta Henry.
New York, Brooklyn	Astrol Sales Co.; Astrol Sales Company.

Domestic Unlawful Orders:

<i>State & city</i>	<i>Name covered by order</i>
California, Los Angeles	Bill Dare; Marty.

Foreign Unlawful Orders:

<i>Country & city</i>	<i>Name & address covered by order</i>
France, Paris	B. Amouroux & Company, B. P. 67.

Foreign Fraud Order:

<i>Country & City</i>	<i>Name & address covered by order</i>
Mexico, Baja California, Tijuana	Caliente Future Book and Box 208.

POST OFFICE CHANGES

Discontinued—Second Class
FLORIDA
 11-74250. Perrine, Dade County, effective Feb. 15, 1957. Mail to Miami, Fla.
Discontinued—Fourth Class
IOWA
 18-07470. Beech, Warren County, effective Jan. 31, 1957. Mail to Pleasantville, Iowa.

KENTUCKY

20-02200. Arnett, Owsley County, effective Feb. 28, 1957. Mail to Bonneville, Ky.
 20-07400. Blake, Owsley County, effective Feb. 28, 1957. Mail to Booneville, Ky.
 20-17720. Cowcreek, Owsley County, effective Feb. 28, 1957. Mail to Booneville, Ky.
 20-25280. Endee, Owsley County, effective Feb. 28, 1957. Mail to Booneville, Ky.
 20-26200. Eversole, Owsley County, effective Feb. 28, 1957. Mail to Booneville, Ky.

20-66480. Rooney, Carter County, effective Feb. 28, 1957. Mail to Olive Hill, Ky.
 20-69120. Scoville, Owsley County, effective Feb. 28, 1957. Mail to Booneville, Ky.
 20-72480. Southfork, Owsley County, effective Feb. 28, 1957. Mail to Booneville, Ky.
 20-76760 Threelinks, Rockcastle County, effective Feb. 28, 1957. Mail to Mount Vernon, Ky.

MISSOURI

28-20040. Decaturville, Camden County, effective Feb. 8, 1957. Mail to Lebanon, Mo.

MONTANA

29-13320. Canyon Ferry, Lewis and Clark County, effective Feb. 28, 1957. Mail to Helena, Mont.
 29-95760. Zero, Prairie County, effective Jan. 31, 1957. Mail to Terry, Mont.

NEW JERSEY

33-90900. Whitesbog, Burlington County, effective Jan. 31, 1957. Mail to Browns Mills, N. J.

NEW MEXICO

34-44730. Koehler, Colfax County, effective Feb. 8, 1957. Mail to Raton, N. Mex.

OKLAHOMA

39-50270. Lovell, Logan County, effective Mar. 8, 1957. Mail to Crescent, Okla.
 39-65010. Pershing, Osage County, effective Mar. 8, 1957. Mail to Barnsdall, Okla.
 39-80630. Tallant, Osage County, effective Mar. 8, 1957. Mail to Barnsdall, Okla.
 39-91520. Wolco, Osage County, effective Mar. 31, 1957. Mail to Barnsdall, Okla.

SOUTH DAKOTA

46-39240. Hilland, Haakon County, effective Feb. 23, 1957. Mail to Philip, S. Dak.

TENNESSEE

47-05400. Beardstown, Perry County, effective Feb. 28, 1957. Mail to Lobelville, Tenn.
 47-47640. Lane, Dyer County, effective Feb. 28, 1957. Mail to Elbridge, Tenn.

TEXAS

48-86650. Stoneham, Grimes County, effective Mar. 8, 1957. Mail to Navasota, Tex.

Summer Post Office—Closed

NEW MEXICO

34-20160. Cowles, San Miguel County, effective Sept. 30, 1956. Mail to Tererro, N. Mex.

POST OFFICE BRANCHES

Established

MARYLAND

Rockville: Potomac (contract), Montgomery County, effective Feb. 1, 1957.

POST OFFICE STATIONS

Established

MONTANA

Helena: Canyon Ferry (rural), Lewis and Clark County, effective Mar. 1, 1957.

(Continued on p. 7)

POST OFFICE STATIONS

(Continued from p. 6)

Established

NEW JERSEY

Browns Mills: Whitesbog (rural), Burlington County, effective Feb. 1, 1957.

OHIO

Sandusky: Parcel Post Annex (classified), Erie County, effective Feb. 1, 1957.

OKLAHOMA

Muskogee: Indian Capital (contract), Muskogee County, effective Feb. 1, 1957.

WISCONSIN

Hayward: North Woods Beach (rural), Sawyer County, effective Feb. 15, 1957.

Reestablished

ILLINOIS

Chicago: Nos. 44, 47, 99, 102, 104, 105, 107, 108, 110, 111, 115, 116, 118, 119, 123, 124, 125, 126 (contract), Cook County, effective March 1, 1957.

Discontinued

CALIFORNIA

Alhambra: No. 3 (contract), Los Angeles County, effective July 31, 1956.

Alhambra: No. 9 (contract), Los Angeles County, effective July 31, 1954.

La Puente: No. 1 (contract), Los Angeles County, effective June 30, 1953.

La Puente: No. 2 (contract), Los Angeles County, effective Oct. 14, 1954.

Maywood: No. 1 (contract), Los Angeles County, effective Nov. 30, 1950.

ILLINOIS

Chicago: Nos. 132, 143, 175, 197, 244, 334 (contract), Cook County, effective Jan. 31, 1957.

LOUISIANA

Shreveport: No. 2 (contract), Caddo County, effective Jan. 25, 1957.

CITY DELIVERY SERVICE

Established

CALIFORNIA

Bloomington: Effective Feb. 11, 1957.

TEXAS

Columbus: Effective Feb. 23, 1957.

Dickinson: Effective Feb. 25, 1957.

WISCONSIN

Hartland: Effective Feb. 23, 1957.

Port Edwards: Effective Apr. 6, 1957.

All Postal Installations

Arrest of Postal Offender

Gertrude Sherman Rouse, for whom a wanted circular was issued by the Postal Inspector in Charge, Chattanooga, Tenn., has been apprehended and the circular concerning her should be destroyed.—*Bureau of the Chief Postal Inspector.*

All Post Offices With Special Heart Fund Die Hubs

**Special Cancellation—
The Heart Fund**

Postmasters who have special canceling machine die hubs reading, *New Hope For Hearts Support The Heart Fund*, shall use them during the period February 1 through February 28, 1957. After that time they shall be withdrawn and retained for future use.

These special hubs were bought by the sponsors and furnished to post offices designated by them. Postmasters at offices which do not already have the hubs **shall not submit requisitions or requests for them.**—*Bureau of Post Office Operations.*

All Post Offices

**Sealed Parcels Mailed
by U. S. Government**

Official mail of any department, bureau or agency of the Government of the United States weighing over 4 pounds is chargeable with fourth-class rates of postage whether sealed or unsealed or containing written matter. See 137.241, Postal Manual. These parcels when sent as registered mail shall not be opened for postal inspection.

Instructions in the POSTAL BULLETIN of October 11, 1956 are modified accordingly.—*Bureau of Post Office Operations.*

All Post Offices

POD Form 3547

Employees issuing address changes on card POD Form 3547 shall, when practicable, group mailing pieces by name of sender. If there are five or more card notices for the same mailer, enclose them in an envelope addressed to the sender of the mail and mark the face of the envelope immediately above the address *Postage Due—Cents*, filling in the amount due at the rate of 3 cents for each notice contained in the envelope. In the lower left corner of the envelope mark *Forms 3547.*

Care must be exercised by distributors to withhold these envelopes from direct firm packages. They shall be treated like any other postage due mail.—*Bureau of Post Office Operations.*

All Fourth-Class Post Offices

**Allowances for
Fourth-Class Offices**

Finance, Budget and Accounting Transmittal Letter 12, Issue 117, dated December 14, 1956, contained instructions on allowances for separating mail at fourth-class post offices (451.3). The instructions in section 451.3a *Separating Mails*, are in error and should have read as follows:

Allowances for separating mail will be made substantially in accordance with the following scale, and in no case will the allowance exceed the maximum amount fixed under the scale.

Average daily number of pieces:	Maximum allowance per annum
From 180 to 255.....	\$72
From 256 to 330.....	102
From 331 to 405.....	132
From 406 to 480.....	162
From 481 to 555.....	192
From 556 to 630.....	222
From 631 to 730.....	252
From 731 to 830.....	294

Section 451.3a, Postal Manual will be revised accordingly.—*Bureau of Post Office Operations.*

All Postal Installations

New HPO Service

A new highway post office route between Jacksonville, Fla., and Dothan, Ala., will begin on or shortly after February 9, 1957. The initial trip from Jacksonville scheduled for February 9, 1957, will be designated Trip 1, and the initial trip from Dothan scheduled for February 11 will be designated Trip 2.

Special first-trip cancellations will be provided for each of the trips at the initial terminals. Collectors desiring first-trip cancellations should send covers for Trip 1 to the postmaster at Jacksonville and covers for Trip 2 to the postmaster at Dothan, prepared as required in section 145.3, Postal Manual. No cachets will be provided. The postmark will show *Jacksonville and Pensacola, HPO*, but the route will not physically operate into Pensacola.

All covers intended for cancellations should be sent in time to reach the appropriate postmasters at least two days before the dates the routes begin.—*Bureau of Transportation.*