**Post Office Box Rental Agreement**



|  |  |
| --- | --- |
| Box Holder Name: |  |
| Box Holder Contact (If Different From Above): |  |
| Campus Telephone Number: |  |
| Alternate Telephone Number (If Applicable): |  |
| Email Address: |  |

**Rental Term:**

Minimum Term is 3 months.

|  |
| --- |
|  |

3 Months - $9.00

|  |
| --- |
|  |

1 Year - $36.00

**\*\* Upon signing this rental agreement, the box holder understands that no refunds will be provided for cancellation prior to the end of the rental term.**

**\*\* Upon approval, payments along with the signed rental agreement will be accepted at the Radford University Post Office during normal business hours. (Monday – Friday 8:30 – 4:30) (Summer Hours: 8:00 – 3:30)**

|  |  |
| --- | --- |
| Box Holder/Responsible Party Signature: |  |
| Date: |  |

To be completed by Radford University Post Office personnel:

|  |  |
| --- | --- |
| Manager of Postal Services Signature: |  |
| Post Office Box Number Assigned: |  |
| Date: |  |

Revised 5/21/2014