



CP12345678XUS

United States Postal Service® Customs Declaration and Dispatch Note — CP 72

IMPORTANT: This item may be opened officially. Please print in English, using blue or black ink, and press firmly; you are making multiple copies. See Privacy Notice and Indemnity Coverage on Sender's Copy.

FROM: Sender's Last Name		First	MI	Insured Amount (US \$)		SDR Value		
Business				\$ 0 0				
Address (Number, street, suite, apt., P.O. Box, etc. Residents of Puerto Rico include Urbanization Code preceded with URB.)								
City		State	ZIP+4®	Insurance Fees (US \$)		Total Postage/Fees (US \$)		
				\$		\$		
Telephone/Fax or Email								
TO: Addressee's Last Name		First	MI	13. Sender's Customs Reference (If any)				
Business				14. Importer's Reference - Optional (If any)				
Address (Number, street, suite, apt., P.O. Box, etc.)								
Postcode		City	Text					15. Importer's Contact (select one) <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Email
State/Province		Country						16. License No.
1. Detailed Description of Contents (enter one item per line)				2. Qty.	3. Lbs.	Oz.	4. Value (U.S. \$)	
5. Check All That Apply:		6. Other Restrictions: (pertains to No. 11)		7. Total Gross Wt: (all items Lbs. & Ozs.)		8. Total Value US \$ (all items)		
<input type="checkbox"/> Gift <input type="checkbox"/> Returned Goods <input type="checkbox"/> Dangerous Goods <input type="checkbox"/> Documents <input type="checkbox"/> Commercial Sample <input type="checkbox"/> Merchandise <input type="checkbox"/> Humanitarian Donation <input checked="" type="checkbox"/> Other.—Tic Other only								
10. AES/ITN/Exemption				11. Restrictions: <input type="checkbox"/> Quarantine <input type="checkbox"/> Sanitary or Phytosanitary Inspection				
12. I certify the particulars given in this customs declaration are correct. This item does not contain any undeclared dangerous articles, or articles prohibited by legislation or by postal or customs regulations. I have met all applicable export filing requirements under federal law and regulations. <i>Sender's Signature and Date</i>								
						9. If non-deliverable: <input type="checkbox"/> Treat as Abandoned <input type="checkbox"/> Return to Sender <input type="checkbox"/> Redirect to Address Below		
						Mailing Office Date Stamp		

SAMPLE

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