



Post Office Box Rental Agreement

Box Holder Name:	
Box Holder Contact (If Different From Above):	
Campus Phone #:	Alternate Phone #: (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: _____ Date: _____
Signature

TO BE COMPLETED BY RADFORD UNIVERSITY POST OFFICE PERSONNEL

Manager of Postal Services Signature:		
Post Office Box # Assigned:		Date: