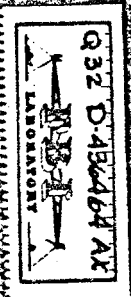


71
Date 11/26/63

POST OFFICE NEW YORK	NOV - 1 1963	6235
ATTACHEE PLEASE NOTE: Description of item required and quantity from collection to complete work of post office should be the result of the study and use of the following form.		
NAME OF APPLICANT (Print or type) LEE Y. OSWALD		
NAME OF FIRM OR CORPORATION (If firm to be used for use of material) FBI CIVIL RIGHTS DIVISION FEDERAL BUREAU OF INVESTIGATION WASHINGTON, D. C.		
NAME AND ADDRESS (City, street, and state) NEW YORK		
MAIL ADDRESS (City, street, and state) 360 N. BENTLEY		
SIGNATURE OF APPLICANT Lee Y. Oswald	DATE OF APPLICATION Nov. 1, 1963	



11-22-63

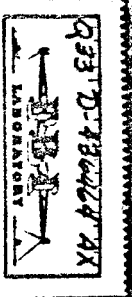
10-17

App'l. No. **2010** Date **11/26/63**
 Addressed to **Justice**
 Miscellaneous **7334**
740

Q 37 D-48444 AX
LABORATORY

Received
D. King
for [unclear]
NOV - 1 1963

747
Date 11/26/63
JUNIOR JUNIOR



For Post Office Use Only ENTRIED IN DIRECTORY	INITIALS OF CLERK <i>ve</i>	INITIALS OF CARRIER	BOX NO. 6225
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THE FOLLOWING MUST BE COMPLETED AND SIGNED BEFORE P.O. BOX IS ASSIGNED

DELIVER MAIL IN ACCORDANCE WITH INSTRUCTIONS CHECKED BELOW

ALL EXCEPT SPECIAL DELIVERY MAIL
 ALL INCLUDING SPECIAL DELIVERY MAIL
 ONLY MAIL ADDRESSED TO BOX IS TO BE PLACED IN IT. ALL OTHER MAIL TO BE DELIVERED AS ADDRESSED.

OTHER INSTRUCTIONS (Explain)

SPECIAL DELIVERY MAIL ONLY (Deliver as checked below)

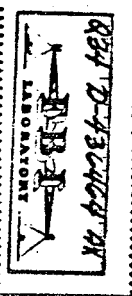
DELIVER TO LOCAL RESIDENCE AT _____ (No., street, and room)
 DELIVER TO LOCAL BUSINESS ADDRESS AT _____ (No., street, and room)

NAME OF PERSONS ENTITLED TO RECEIVE MAIL THROUGH BOX (If box is rented to a firm, include the full names of each of the members whose mail is to be placed in box.)

HAVE READ ITEMS 1 THROUGH 8 ABOVE AND WILL COMPLY WITH THEM. X *Lee H. Oswald* (Signature of applicant)

POST OFFICE 1093 APPLICATION FOR POST OFFICE BOX
U.S. GOVERNMENT PRINTING OFFICE 16-62224-4

11-21-63



FOR POST OFFICE USE ONLY	POST OFFICE E. B. HUBSON	DATE BOX OPENED OCT 9 - 1962	DATE BOX CLOSED MAY 14 1963	BOX NO. 2915
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APPLICANT PLEASE NOTE: Completion of this application signifies your willingness to comply with all postal rules relative to the renting and use of Post Office boxes.

NAME OF APPLICANT (Print or type)
LEE H. OSWALD

NAME OF FIRM OR CORPORATION (If box is rented for use of other)

KIND OF BUSINESS

BUSINESS ADDRESS (No., street, and room)

HOME ADDRESS (No., street, and room)
3519 FAIRMORE AV. FOLLOO 7

SIGNATURE OF APPLICANT
X *Lee H. Oswald*

DATE OF APPLICATION
Oct 9, 1962

11-21-63