

POD Form 1510—Original—Part II Date November 18, 1969

**INQUIRY FOR THE LOSS OR RIFLING OF MAIL MATTER**  
**DUPLICATE**

Letter  
 Parcel (Class) Registered No. \_\_\_\_\_ ( ) Special Delivery  
Certified No. \_\_\_\_\_ ( ) Special Handling  
Insured No. 674717 ( ) Airmail  
(Insert "Unnumbered" if minimum fee)

Ordinary. COD No. \_\_\_\_\_ Amount due sender \$ \_\_\_\_\_

Envelope:  Long.  Short.  Business reply (Postage to be paid by addressee.)

Complaint Loss Date mailed April 14, 1969  
(Loss or rifling) (Mo.) (Date) (Yr.) (Hr.) (Day of week)

Mailed at Frederick, Maryland 21701  
(City) (State) (ZIP Code)

Where deposited Main Office  
(Main office, station, branch, or location of collection box)

Contents (describe fully) and value Book

(Fold here)

<b>Sender:</b>	<b>Addressee:</b>
<u>Mr. Harold Weisberg</u> (Name)	<u>James M. Gavin</u> (Name)
<u>Route 8</u> (St. or P.O. Box or Rural Route No.)	<u>25 Acorn Park</u> (St. or P.O. Box or Rural Route No.)
<u>Frederick, Md. 21701</u> (City) (State) (ZIP Code)	<u>Cambridge, Mass. 02140</u> (City) (State) (ZIP Code)

POD Form 1510—Original—Part III  
POSTMASTER, OFFICE OF ADDRESS: Date Nov. 18, 1969

Please show disposition of the above-described article.  
John E. Young, Officer-in-Charge  
(Postmaster at mailing office) (ZIP Code)

REPLY: NOV 26 1969  
Date \_\_\_\_\_, 19\_\_\_\_ Has addressee received article? Yes  
(Yes or No)

(If delivered, show date; if no record, so state 4-16-69  
If delivered to firm, state accepting employee's name \_\_\_\_\_  
If not intact, what was missing? \_\_\_\_\_  
If COD, give money order No. \_\_\_\_\_, date \_\_\_\_\_, 19\_\_\_\_  
If undelivered and on hand, state reason \_\_\_\_\_  
If received but not delivered and not on hand, state disposition \_\_\_\_\_

GPO c48-16-23385-21 (over) (Postmaster at address office) (ZIP Code)  
AUG. 1968 1510  
BOSTON, MA 02111

**SENDER:**

Investigation has disclosed that the article described on the other side part II, was received by the addressee.

Investigation of your inquiry concerning the { letter } { parcel } mailed by you o

....., 19..... {  registered  insured } No. ....  
{  certified  COD }

addressed to .....

did not locate the article. In the event the article is later located or responsibility for the loss is established, you will be further advised.

Application for a duplicate money order may be made at the post office 60 days after date of issue.

Indemnity claim for the loss or rifling of registered, insured, or COD mail may be filed at the nearest post office. Please present this notice with mailing receipt and evidence of value (such as receipted bills, etc.).

**POSTMASTER:**

*J. Travel, Sec*

GPO c48-16-23385-21

(Please see reverse)

**FOR USE OF POSTAL SERVICE ONLY IN CASES OF LOST OR RIFLED UNREGISTERED LETTERS AND ALL LOST OR RIFLED REGISTERED AND CERTIFIED MAIL**

The article described on the reverse of this form, if mailed at the time and place stated by the sender, was dispatched at ..... on .....  
(Hour) (Date)

to .....  
(Name and No. of R.P.O. or C.P. train, or H.P.O.; name of star route; air mail flight No., etc.)

package of letters bearing facing slip reading .....  
(Name of office, R.P.O., etc.)

and in pouch labeled to .....  
(Name of office, R.P.O., etc.)

or, IF REGISTERED, in .....  
(Jacket or rotary lock pouch, AND No.; iron lock pouch, hand piece, etc.)

received for by .....  
(Name and title of person who receipted for dispatch)

(The following spaces must be filled in at city delivery offices only.)

The letter was due to be collected by .....  
(Name of employee)

and deposited at ..... on ..... at .....  
(Name of office or station) (Date) (Hour)

If dispatched from a station to main office, show time .....

If for local delivery, show name of delivering employee .....

GPO c48-16-23385-21

(Initials of clerk)