



Postal Customer Questionnaire

1. Please check the appropriate box to indicate if you use the Highland Park – Ravinia Station for the following services:

Postal Services	Daily	Weekly	Monthly	Never
a. Buy stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mail letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mail packages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Buy Certified Mail™, Registered Mail™, Insured mail, Delivery Confirmation™, or Signature Confirmation™	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Send Express Mail®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Pick up mail from a Post Office Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Pick up mail from general delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Buying Postal Money Orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buy stamp-collecting products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Enter permit mailings Yes  No

Nonpostal Services

a. Picking up government forms (such as tax forms) Yes  No

b. Assisting senior citizens, persons with disabilities, etc. Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

Yes  No

If yes, which offices: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



3. If you receive carrier delivery, there will be no change to your delivery service - proceed to question 4. If you receive Post Office box service or general delivery service, complete this section. How do you think Post Office Box service at the Highland Park Main Post Office facility will compare to your current service?

Better       Just as Good       No Opinion       Worse

Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you currently use local businesses in the community?

Yes       No

If yes, would you continue to use them if the <-> Station/Branch is discontinued?

Yes       No

Name: \_\_\_\_\_  
(please print your name)

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_      Date: \_\_\_\_\_

Please add any additional comments on a separate piece of paper and attach it to this form.  
Thank you for taking the time to complete this questionnaire.

Please return your questionnaire within 10 days to the following address:

**Operations Programs Support  
United States Postal Service  
500 E. Fullerton Ave  
Carol Stream IL 60199-9331**