



AVENBURY LAKES ARCHITECTURAL STANDARD

Mailbox – Installation “Hardship Delivery”

Reviewed and Approved 4/17/2025

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This Standard page and the items in the checklist below MUST be attached to your Modification Request Form to be accepted for review.

- ☐ Copy of approval letter from Postmaster
- ☐ Photo of area to be installed
- ☐ Description/picture of mailbox

As stated in the United States Postal Service rules: The person requesting hardship delivery service must submit a letter of request to the Postmaster, along with a letter from their doctor. It is the Postmaster’s decision as to the approval. It is considered a “temporary” hardship case.

Standard

- Must be approved by the US Postal Service
- At the Owner’s expense, a U.S. Postal Regulation Mailbox (which may include newspaper holder hooks beneath the box) may be installed.
- Black in color.
- Mailbox is to be installed next to the entry door if possible or on entryway long wall, whichever is more feasible and protected from weather.
- The level placement/attachment shall be a minimum of 30” from the cement entryway, up to maximum of 48” high from the cement entryway.
- Restoration of attachment site when mailbox is removed or property is sold shall also be the responsibility of the owner.

Homeowner Responsibility

- Homeowner assumes all liability for installation, maintenance and repair.
- A copy of the complete Modification Request will be placed in resident’s permanent file.
- Homeowner must contact Information Center when project is complete so a committee member can do a final inspection.
- Resident should keep a copy in their homeowner records.

You can find this information on the USPS website

HOW TO REQUEST DOOR DELIVERY DUE TO A MEDICAL CONDITION WHEN YOUR MAILBOX IS ON THE CURB OR STREET.

"Hardship" or "Medical Problems" is defined as an illness or handicap which would present a physical challenge for an individual to retrieve mail.

1. To request door delivery, you need to write a letter requesting this change and attach a statement from a Doctor.
 2. The doctor's statement should indicate you are unable to collect your mail from a curb or centralized mailbox.
 3. Both your letter and the doctor's statement must be sent to the Post Office that delivers your mail for approval or denial.
- Final determination on whether or not door delivery will be granted will be made by the Post Office.

Request letters should be addressed to:

POSTMASTER
UNITED STATES POSTAL SERVICE
AVON OH 44011

Sample Black Mail Box Style (with or without newspaper hooks)



Mail Box Placement (Trillium model shown)

The model of home will determine the mail box placement

UNITED STATES POSTAL SERVICE

Request For Exception To Current/Proposed Delivery Mode Due To Physical Hardship

Mail delivery by the current/proposed method imposes an extreme physical hardship on the customer named below.
(Domestic Mail Manual 608 2.1.2)

A. CUSTOMER INFORMATION

Name of Customer _____

Delivery Address _____

City _____ State _____ ZIP Code™ _____

Telephone _____ Email _____

Customer Signature (required) _____ Date _____

B. CURRENT TYPE OF DELIVERY (Check one)

☐ Curbside/Rural Box, Apartment Box ☐ Neighborhood Delivery (Cluster Box)

☐ Other (please describe) _____

C. TYPE OF DELIVERY REQUESTED

Type of Delivery Requested _____

Physical Reason for Hardship Request (attach additional pages if needed)

D. REQUESTS FOR EXCEPTION

Requests for exception to current delivery mode to extreme physical hardship must be accompanied by evidence of the existence of the source of said hardship for example, enclosures, attachments, photographs, physician's statement or other suitable documentation. Advanced age, although a consideration, is not within itself a qualifying factor for a hardship exception. Provide any information which would apply to your request.

NOTE: Removal of exception to current method of delivery due to hardship is temporary and will be void when the hardship ceases to exist. The ~~previous~~ mode of delivery will then be reinstated. This request must be accompanied by Postal Operations Manual 601.526.

POSTAL SERVICE USE ONLY

The above request for a hardship delivery exception is:

☐ Granted Effective Date _____

☐ Denied, reason (use back if needed) _____

Postmaster/Manager Signature _____ Date _____

District Manager Signature (signature required only for denied requests) _____ Date _____

PS Form 1528, August 2019

USPS Hardshipform 1528. Found the on USPS website.

Note: it is important to include this information when filling out this form.

