Postal Regulatory Commission
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SMYRNA Docket: 1381921 - 13464

* Those marked with an asterisk are documents that should be considered Sensitive and are not to be MDDS formatted.

Page	Document		
1.	Request approval to study for discontinuance (02/28/2011)	☑	
2.	Notice (if appropriate) to Headquarters of suspension	☑	
3.	Notice (if appropriate) to customers/district personnel of suspension	☑	
4.	Highway map with community highlighted (01/07/2011)	☑	
5.	Eviction notice (if appropriate) (01/02/2011)	☑	
6.	Building inspection report and original photos of building deficiencies (if appropriate) (01/02/2011)	☑	
7.	Post Office and community photos (01/24/2011)	☑	
8.	PS Form 150, Postmaster Workload Information (01/21/2011)	☑	
9.	Worksheet for calculating work service credit (01/02/2011)	☑	
10.	Window transaction record (01/26/2011)	☑	
11.	Record of incoming mail (01/21/2011)	☑	
12.	Record of dispatched mail (01/21/2011)	☑	
13.	Administrative postmaster/OIC comments (01/21/2011)	☑	
14.	Inspection Service/local law enforcement vandalism reports (01/07/2011)	☑	
15.	Post Office fact sheet (01/25/2011)	☑	
16.	Community fact sheet (01/26/2011)	☑	
17.	Alternate service options/cost analysis (01/01/2011)	☑	
18.	Form 4920, Post Office Fact Sheet (01/26/2011)	☑	
19.	Recomendation and Service Replacement Type (01/05/2011)	☑	
20.	Questionnaire instruction letter to postmaster/OIC (02/01/2011)	☑	
21.	Cover letter, questionnaire, and enclosures (03/01/2011)	☑	
22.	Returned customer questionnaires and Postal Service response letters (03/08/2011)	☑	
23.	Analysis of questionnaires (03/25/2011)	☑	
24.	Community meeting roster (03/30/2011)	☑	
25.	Community meeting analysis (03/30/2011)	☑	
26.	Community meeting letter (**Need to set before questionnaire if not held before**) (03/01/2011)	☑	
27.	Petition and Postal Service response letter (if appropriate) (03/07/2011)	☑	
28.	Congressional inquiry and Postal Service response letter (if appropriate) (01/01/1900)	☑	
29.	Proposal checklist (03/26/2011)	☑	
30.	District notification to Government Affairs (03/01/2011)	☑	
31.	Instructions to postmaster/OIC to post proposal (03/26/2011)	☑	
32.	Invitation for comments exhibit (03/04/2011)	☑	
33.	Proposal exhibit	☑	
34.	Comment form exhibit (03/26/2011)	☑	
35.	Instructions for postmaster/OIC to remove proposal (03/22/2011)	☑	
36.	Round-date stamped proposals and invitations for comments from affected offices ()	☐	
37.	Notification of taking proposal and comments under internal consideration (03/22/2011)	☑	
38.	Customer comments and Postal Service response letters (03/25/2011)	☑	
39.	Premature Postal Regulatory Commission appeal and Postal Service response letter (if appropriate) ()	☐	
40.	Analysis of comments ()	☐	
41.	Revised proposal (if appropriate) ()	☐	
42.	Updated PS Form 4920 (if appropriate) (03/26/2011)	☑	
43.	Certification of record ()	☐	
44.	Log of Post Office discontinuance actions ()	☐	

Below is the letters that need to go out and forms to complete for Posting the Final Determination for SMYRNA

SMYRNA Docket: 1381921 - 13464			
* These are the 1st 15 documents that should be completed Scanned and sent to the MPOO for review		Return to Flow	
Page	Document		
41.	Revised proposal (if appropriate) (08/04/2011)	☑	☐
42.	Updated PS Form 4920 (if appropriate) (08/04/2011)	☑	☐
43.	Certification of record (08/05/2011)	☑	☐
44.	Log of Post Office discontinuance actions (08/05/2011)	☑	☐
45.	Transmittal to vice president, Delivery and Retail, from district manager, Customer Service and Sales (08/08/2011)	☑	☐
46.	Headquarters' acknowledgment of receipt of record (08/14/2011)	☑	☐
47.	Final determination transmittal letter from Headquarters (09/07/2011)	☑	☐
48.	Instruction letter to postmaster/OIC on posting ()	☐	☐
49.	Round-date stamped final determination cover sheets ()	☐	
50.	Postal Bulletin Post Office Change Announcement ()	☐	☐
51.	Vice president, Delivery and Retail, instruction letter (09/07/2011)	☑	☐

FILE LINK

Back to Flow

UNITED STATES POSTAL SERVICE.

-13464

02/28/2011

EDWARD PHELAN
DISTRICT MANAGER
ALBANY PFC

SUBJECT: Authority to Conduct Investigation

I request your authorization to investigate a possible change in postal services for the office in the 24 congressional district

Post Office Name:	SMYRNA
Zip+4 Code:	13464-9998
EAS Level:	13
Finance Number:	357855
County:	Chenango
Proposed Admin Office:	SHERBURNE PO
ADMIN Miles Away:	6.0
Near Office Name:	SHERBURNE PO
Near Miles Away:	6.0

Number of Customers:

Post Office Box:	91
General Delivery:	0
Rural Route (RR):	370
Highway Contract Route (HCR):	0
Intermediate RR:	0
Intermediate HCR:	0
City Delivery:	0
Total Customers:	461

The above office became vacant when the postmaster was reassigned on 05/10/2008

Management initiated study to provide regular and effective service through alternate channels.

BRIAN SHEPARDSON
Manager, Post Office Operations

Approval to Study for Discontinuance:

EDWARD PHELAN
DISTRICT MANAGER
ALBANY PFC

02/28/2011
DATE

cc: District Manager, Public Affairs and Communications

UNITED STATES POSTAL SERVICE

Docket: 1361921

NOTICE OF POST OFFICE EMERGENCY SUSPENSION

A. Office

Name: SMYRNA State: NY Zip Code: 13464
Area: NORTHEAST District: ALBANY PFC
Congressional District: 24 County: Chenango
EAS Grade: 13 Finance Number: 357855

Post Office: ☑ Classified Station ☐ Classified Branch ☐ CPO ☐

• There was no Emergency Supension for this office

Prepared by: Nadine Tremblay Date: 03/24/2011
Title: ALBANY PFC Post Office Review Coordinator
Tele No: (518) 452-4080 Fax No: (518) 464-7420

UNITED STATES POSTAL SERVICE

NOTICE TO CUSTOMERS/DISTRICT PERSONNEL OF SUSPENSION

A. Office

State: NY Zip Code 13464

Name: SMYRNA
District: ALBANY PFC
Area: NORTHEAST
County: Chenango
Congressional District: 24
Finance Number: 357855
EAS Grade: 13

Post Office: ☑ Classified Station ☐ Classified Branch ☐ CPO ☐

There was no Emergency Supension for this office

Prepared by: Nadine Tremblay
Title: ALBANY PFC Post Office Review Coordinator
Tele No: (518) 452-4080

Date: 03/24/2011
Fax No. (518) 464-7429

UNITED STATES POSTAL SERVICE

A Service of: Yellow pages

1381921-13464

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Post Office™ Locations

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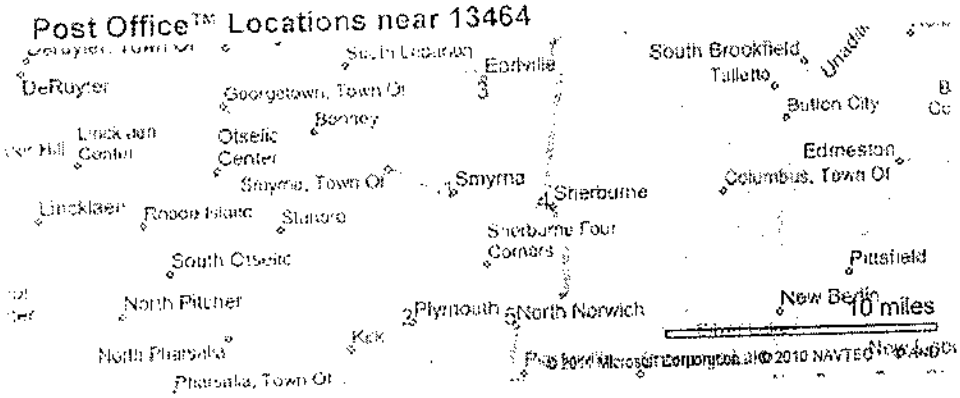
Post Office™ Locations near 13464



1 **Post Office™ Location - SMYRNA**
9 W MAIN ST
SMYRNA, NY 13464-9998
(800) ASK-USPS
(800) 275-8777
(607) 627-6200
2.8 mi

Business Hours
Mon-Fri
8:00am-12:30pm
1:30pm-4:30pm
Sat
8:00am-11:00am
Sun
closed

Services
PO Boxes Online

Service hours may vary. Please check link for business hours.

2 **Post Office™ Location - PLYMOUTH**
107 COUNTY ROAD 21
PLYMOUTH, NY 13832-9998
(800) ASK-USPS
(800) 275-8777
(607) 334-6917
4.1 mi

Business Hours
Mon-Fri
8:00am-12:00pm
1:30pm-5:30pm
Sat
8:15am-11:30am
Sun
closed

Services
PO Boxes Online

Service hours may vary. Please check link for business hours.

3 **Post Office™ Location - EARLVILLE**
11 S MAIN ST
EARLVILLE, NY 13332-9998
(800) ASK-USPS
(800) 275-8777
(315) 691-4141
6.0 mi

Business Hours
Mon-Fri
8:30am-12:15pm
2:00pm-4:30pm
Sat
9:30am-11:00am
Sun
closed

Services
Passport Application Services
PO Boxes Online

Service hours may vary. Please check link for business hours.

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4 **Post Office™ Location - SHERBURNE**
4 W STATE ST
SHERBURNE, NY
13460-9998
(800) ASK-USPS
(800) 275-8777
(607) 674-2761
6.2 mi

Business Hours
Mon-Fri
9:00am-1:00pm
2:00pm-5:00pm
Sat
10:00am-1:00pm
Sun
closed

Services
PO Boxes Online

Service hours may vary. Please check link for business hours

5 **Post Office™ Location - NORTH NORWICH**
168 COUNTY ROAD 23
NORTH NORWICH, NY 13814-9998
(800) ASK-USPS
(800) 275-8777
(607) 334-3401
6.4 mi

Business Hours
Mon-Fri
8:00am-12:00pm
1:00pm-4:45pm
Sat
8:00am-11:45am
Sun
closed

Services
PO Boxes Online

Service hours may vary. Please check link for business hours.

Post Office™ Locations near 13464

By City

SMYRNA PLYMOUTH EARLVILLE SHERBURNE NORTH NORWICH

By ZIP Code

13832 13332 13460 13814 13844 13155 13072 13758 13124 13346
13815 13334 13484 13355 13061 13136 13801 13052 13411 13310

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UNITED STATES POSTAL SERVICE

Eviction Notice

A. Office

Name: SMYRNA
State: NY
Zip Code: 13464
Area: NORTHEAST
District: ALBANY PFC
Congressional District: 24
County: Chenango
EAS Grade: 13
Finance Number: 357855

Post Office: ☑ Classified Station ☐ Classified Branch ☐ CPO ☐

There was no evection notice for this office

Prepared by	Nadine Tremblay	Date:	03/24/2011
Title	ALBANY PFC Post Office Review Coordinator		
Tele No	(518) 452-4680	Fax No:	(518) 464-7429

UNITED STATES POSTAL SERVICE

Building Inspection Report

A. Office

Name: SMYRNA
State: NY
Zip Code: 13464
Area: NORTHEAST
District: ALBANY PFC
Congressional District: 24
County: Chenango
EAS Grade: 13
Finance Number: 357855

Post Office: ☑ Classified Station ☐ Classified Branch ☐ CPC ☐

• There was no building inspection report nor photos for this office

Prepared by	Nadine Tremblay	Date	03/24/2011
Title	ALBANY PFC Post Office Review Coordinator		
Tele No	(518) 452-4030	Fax No	(518) 464-7429

DOCKET NO. 1381921 - 13464

ITEM NO. 7

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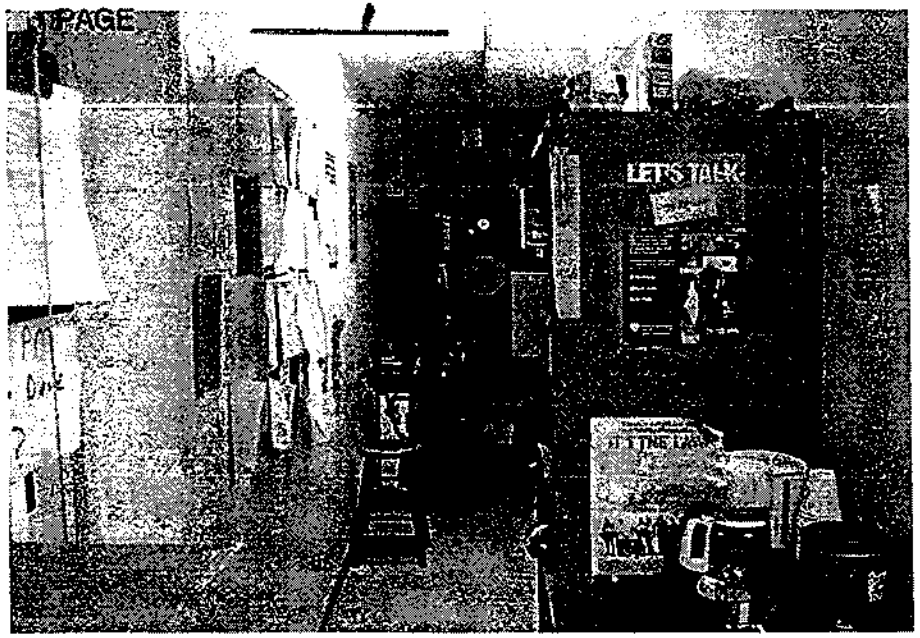

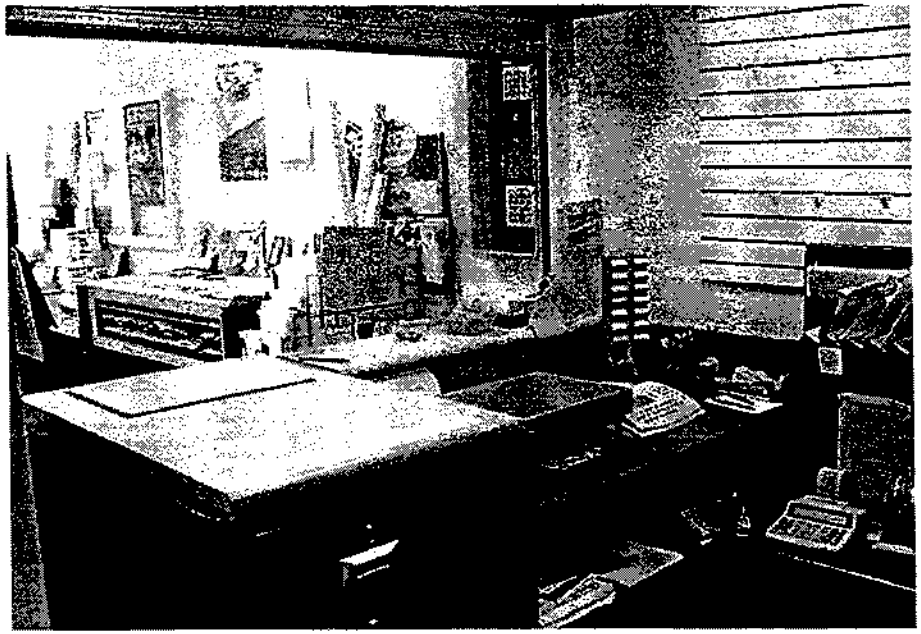

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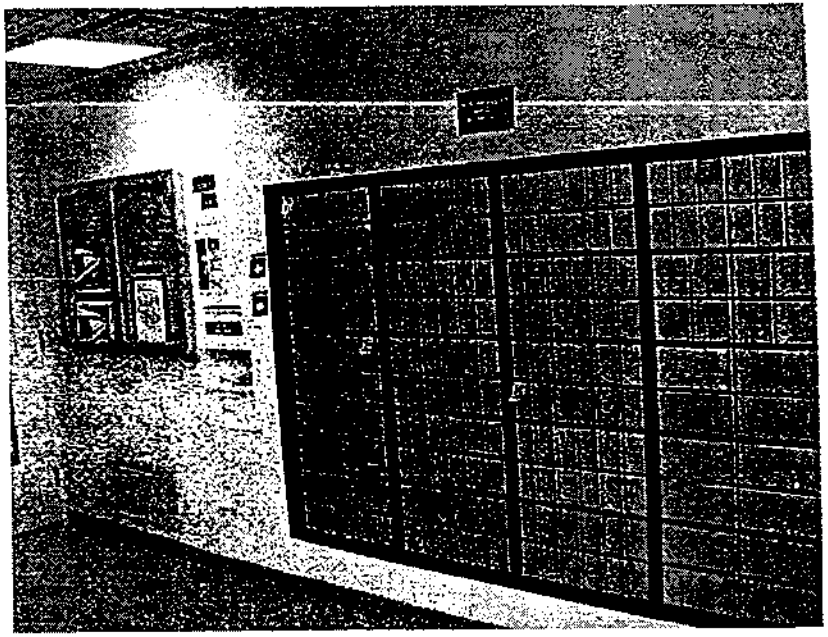

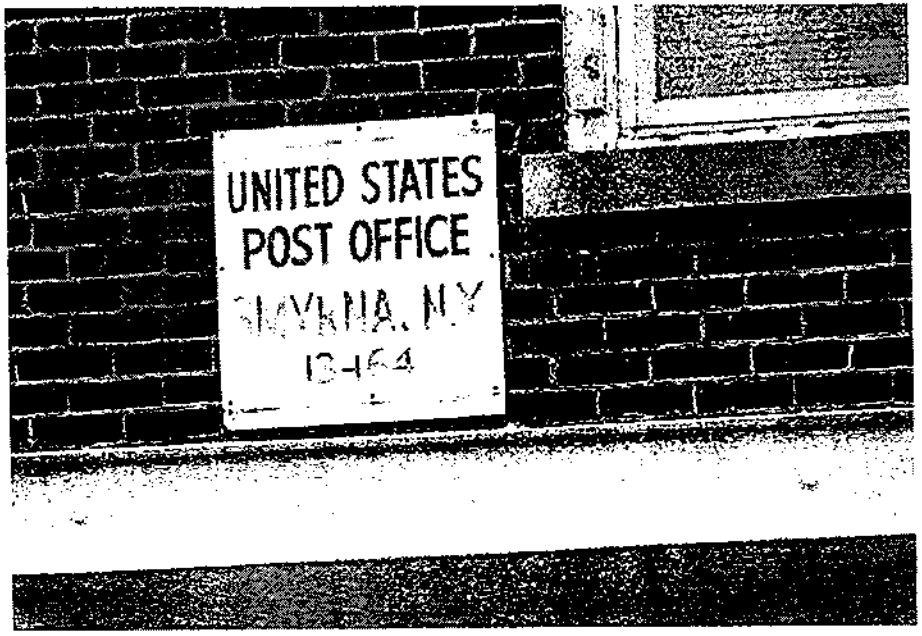

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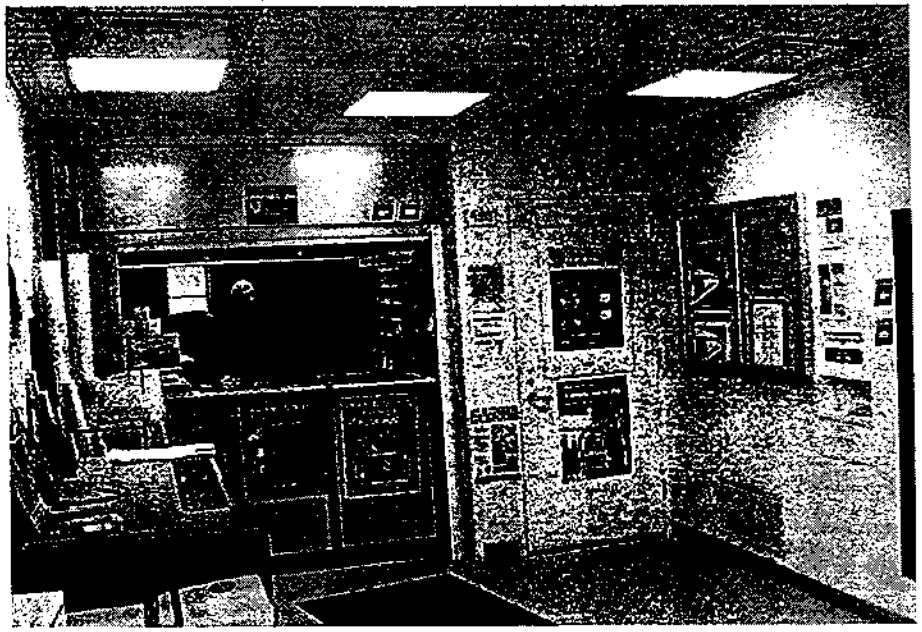

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PS Form 150, Postmaster Workload Information

Post Office, State & Zip Code SMYRNA, NY 13464	Postmaster's Signature ON66NB	Date 03/16/2011
District Office, State & Zip Code ALBANY PFC, NY 12288	District Manager's Signature KY2CNZ	Date 03/21/2011
(Check Box) ☑ Vacancy ☐ Management Review ☐ RFR	See Instructions on Reverse	

1.	Current Office Level		13
2.	Finance Number	(1-6)	357855
3.	General Delivery Families Served	(7-9)	0
4.	Post Office Boxes/Call Boxes Rented	(10-15)	89
5.	Possible City Deliveries	(16-20)	0
6.	Administrative Rural Boxes Served	(21-25)	368
7.	Intermediate Rural Boxes Served	(26-30)	0
8.	Administrative Responsibility form Intermediate Rural Boxes for Other Offices	(31-35)	0
9.	Administrative Highway Contract/Star Route Boxes Served	(36-39)	0
10.	Intermediate Highway Contract/Star Route Boxes Served	(40-43)	0
11.	Administrative Responsibility for Intermediate Highway Contract/Star Route Boxes for Other Offices	(44-47)	0
12.	Number of Carrier Stations/Branches	(48-49)	0
13.	Number of Finance Stations/Branches	(50-51)	0
14.	Number of Contract Stations/Branches & Community Post Offices	(52-53)	0
15a.	Does Office Experience A Seasonal Workload? *(box one "Y" of yes, "N" for no)* *(If you answer "yes" of this question, complete 'Seasonal Workload' section on reverse.)*	(54)	N
15b.	Duration of Experience A Seasonal Workload? *(minimum or 8 weeks)*	(55-56)	0
16.	Does Office Perform Outgoing Distribution for Other Offices?	(57)	N
17.	Does Office Perform Incoming Distribution for Other Offices?	(58)	N
18.	Does Office Perform Incoming Secondary Distribution for Other Offices?	(59)	N
19.	Do You Separate All Incoming Letter Size Mail to City & Rural Carrier Routes for Your Own Office?	(60)	Y
20.	Do You Separate All Incoming Flat Size Mail to City & Rural Carrier Routes for Your Own Office?	(61)	Y
21.	Do You Have Responsibility for Vehicle Maintenance Facilities?	(62)	N
22.	Does Your Office Have Administrative Responsibility for an Air Transfer Office?	(63)	N
23.	Is Postmaster Lessor for Government Owned Building?	(64)	N
24.	Does Office Have MPLSM/SPLSM?	(65)	N
25.	Does Office Distribute Food Stamps?	(65)	N

PS Form 150, January 1983

PS Form 150, Postmaster Workload Information

	Normal	During Seasonal Period
General Delivery Families Served	0	0
Post Office Boxes/Call Boxes Rented	89	0
Possible City Deliveries	0	0
Administrative Rural Boxes Served	368	0
Intermediate Rural Boxes Served	0	0
Administrative Responsibility/Number Intermediate Rural Boxes	0	0
Administrative Highway Contract/Star Route Boxes Served	0	0
Intermediate Highway Contract/Star Route Boxes Served	0	0
Administrative Responsibility/Number Intermediate Highway Contract/ Star Route Boxes	0	0

Instructions

1. Enter current evaluated office level.
2. Enter the 6 digit post office finance number.
3. Enter number of general delivery families served.
4. Enter total number of post office boxes and call boxes rented. Do not confuse with the total number available. This total should include boxes rented at classified stations/branches as well as the main office including GPO's.
5. Enter total possible city deliveries. The total reported should equal the total possible deliveries shown on Form 1621, *Carrier Route Report* for the previous accounting period.
6. Enter the number of administrative boxes served. This is the number of rural route boxes served within your ZIP Code ONLY by carriers administratively reporting to you. Do not include boxes on the routes which are in the ZIP Code of an intermediate office.
7. Enter the number of intermediate rural boxes served. This is the number of rural boxes within your ZIP Code, served by a carrier administratively reporting to another postmaster. For credit, the mail must be incoming to your office and separated to the routes within your ZIP Code by you or your employees prior to carrier sequencing.
8. Enter the number of intermediate rural boxes for which you are administratively responsible. This is the number of boxes served by a carrier administratively responsible to you, but which are located in the ZIP Code for another office.
9. Enter the number of administrative highway contract star route boxes served. This is the total number of star route boxes served within your ZIP Code ONLY by a contractor for whom you have administrative responsibility. Do not include boxes on the routes which are in the same ZIP Code of an intermediate office.
10. Enter the number of intermediate highway contract star route boxes served. This is the total number of star route boxes served within your ZIP Code ONLY by a contractor who administratively reports to another Postmaster. For credit the mail must be incoming to your office and separated to the contract route by you or your employees.
11. Enter the number of intermediate highway contract star route boxes for which you are administratively responsible. This is the number of boxes served by a contractor for whom you are administratively responsible and which are located in the ZIP Code of another office.
12. Enter the number of classified stations and/or branches that have carrier delivery service.
13. Enter the number of classified finance stations and/or branches (without carrier delivery service) staffed by postal employees.
14. Enter the total number of contract stations, rural stations and community post offices.
    (a) A contract station is a detached finance unit manned by non-postal employees.
    (b) A rural station is a post office box delivery unit serviced by a rural carrier.
    (c) A community post office is a contract unit which provides service in a small community.
15. To receive credit for a seasonal workload increase the items shown on the seasonal workload portion of the form must show a 25% increase and must last for a minimum of 8 weeks. The Christmas Season is not to be considered as a seasonal workload increase. Should your office have a seasonal workload increase you should enter the exact number of weeks the season lasts and complete the seasonal workload portion of the form in its entirety.

Questions 16 Thru 25 Should Be Answered Y (Yes) or N (No)

16. Does office separate massed outgoing mail originating in other associate offices to three digit ZIP CODE designating offices and/or area distribution centers and demonstrate a bulling, tacing and canceling operation?
17. Does office separate massed three digit sorted incoming mail to a five digit sort for other associate offices?
18. Does office separate incoming mail to carrier routes for other associate offices?
19. Does office separate all incoming letter size mail to city, rural and/or star routes?
20. Does office separate all incoming flats to city and/or rural carrier routes without assistance from an MPC?
21. Do you have a vehicle maintenance facility under your jurisdiction?
22. Do you have an air transfer office under your jurisdiction?
23. Do you occupy a government-owned building and lease a portion of the building to someone else?
24. Does your office operate a Multiple Position Letter Sorting Machine (MPLSM) or Single Position Letter Sorting Machine (SPLSM)?
25. Does your office distribute food stamps?

Worksheet for calculating Workload Service Credit (WSC) for Post Offices

Worksheet for calculating Workload Service Credit (WSC) for Post Offices

Office Name: SMYRNA
Office Zip+4: 13464 -9998 District: ALBANY PFC

Activity WSCs

General Delivery Families Served (Item 3, PS Form 150)	0	X 1.0	=	0
Post Office Boxes/Call Boxes Rented (Item 4, PS Form 150)	89	X 1.0	=	89
Possible City Deliveries (Item 5, PS Form 150)	0	X 1.33	=	0
Administrative Rural Boxes Served (Item 6, PS Form 150)	368	X 1.0	=	368
Intermediate Rural Boxes Served (Item 7, PS Form 150)	0	X 0.7	=	0
Administrative Responsibility for Intermediate Rural Boxes for Other Offices (Item 8, PS Form 150)	0	X 0.3	=	0
Administrative Highway Contract/Star Route Boxes Served (Item 9, PS Form 150)	0	X 1.0	=	0
Intermediate Highway Contract/Star Route Boxes Served (Item 10, PS Form 150)	0	X 0.7	=	0
Administrative Responsibility for Intermediate Highway Contract/Star Route Boxes for Other Offices (Item 11, PS Form 150)	0	X 0.3	=	0
Total Activity WSCs				457

Revenue WSCs

First	25 revenue units:	1.00	X	25 units	=	25.00
Next	275 revenue units:	0.50	X	101 units	=	50.50
Next	700 revenue units:	0.25	X	0 units	=	0.00
Next	5000 revenue units:	0.10	X	0 units	=	0.00
	Balance of revenue units:	0.01	X	0 units	=	0.00
	Total revenue WSCs:					75.50

Activity WSCs 457 + Revenue WSCs = 75.50 Base WSCs 532.50 = EAS Grade 13

Previous evaluation: EAS grade 13

Effective date of change in service hours: _____ (if appropriate)
(when a vacancy exists, hours must reflect the appropriate EAS grade)

Worksheet completed by

NADINE TREMBLAY
Printed Name

NADINE.M.TREMBLAY@USPS.GOV
Signature

ALBANY PFC District Review Coordinator
Title

03/02/2011
Date

Window Transaction Survey

PO Name: SMYRNA ZIP+4: 13464 - 9998 Completed By: YWNMN0

Survey Period: 03/05/2011 through 03/18/2011

Record the number of retail window transactions in the appropriate columns for each day. Consider a sale of stamps as one transaction. A sale of stamps and a money order is two transactions. Do not record the handing out over the counter of box mail, general delivery mail, or carrier mail. Instead of this worksheet, you may use PS Form 2007-A, Window Transaction Record; PS Form 2007-B, Window Transaction Conversion; and PS Form 2007-C, Window Transaction Survey. Use hash marks (////) for daily entries in the columns. To obtain the average daily number of transactions, divide the total number of transactions during the survey period by the number of days in the survey. The allowable time per transaction is shown in each column in minutes. To determine the average daily workload in minutes, multiply the number of transactions in each column by the time conversion for that column, total the time conversions for all columns, and divide the total number of minutes by the number of days in the survey period.

Day/Date	Postage Sales (.777)	Priority Parcels Money Orders (1.083)	Express Registered C.O.D (1.969)	Passports Meter Settings (5.06)	Box Rent (2.875)	Certified Insured Special Service (1.792)	Misc. Services (1.787)	Nonrevenue Services (1.787)
Sat - 03/05	7	2	0	0	0	1	0	3
Sun - 03/06	0	0	0	0	0	0	0	0
Mon - 03/07	7	5	0	0	0	0	0	0
Tue - 03/08	15	9	1	0	1	4	2	19
Wed - 03/09	17	10	0	0	0	3	2	15
Thu - 03/10	9	6	0	0	0	6	1	14
Fri - 03/11	9	3	0	0	0	2	1	14
Sat - 03/12	10	1	0	0	0	1	0	7
Sun - 03/13	0	0	0	0	0	0	0	0
Mon - 03/14	13	8	0	0	0	3	0	12
Tue - 03/15	5	5	0	0	2	1	0	14
Wed - 03/16	9	9	1	0	0	3	0	12
Thu - 03/17	9	3	1	0	0	2	0	8
Fri - 03/18	11	8	1	0	1	2	0	16
TOTALS	121	69	4	0	4	28	6	134
Time Factor	X .777	X 1.083	X 1.969	X 5.06	X 2.875	X 1.792	X 1.787	X 1.188
Daily Average	7.6	6.2	0.7	0.0	1.0	4.2	0.9	13.3

Average Number Daily Transactions: 30.5 Average Daily Retail Workload in Minutes: 34.1

Survey of Incoming Mail

Survey of Incoming Mail
(Record in Pieces)

Post Office Name and Zip+4: SMYRNA 13464 - 9998

Dates Recorded: 03/05/2011 through 03/18/2011

Date	Letters		Flats		Parcels		Other	
	First Class	Standard	First Class	Standard	Priority	Standard		
Sat - 03/05	567	208	125	201	7	21	2	3
Sun - 03/06	0	0	0	0	0	0	0	0
Mon - 03/07	756	737	153	307	3	35	0	1
Tue - 03/08	529	208	134	153	2	11	1	0
Wed - 03/09	510	454	86	48	16	24	0	2
Thu - 03/10	473	378	115	287	17	22	0	3
Fri - 03/11	643	473	163	501	3	20	0	0
Sat - 03/12	908	340	96	67	13	13	0	0
Sun - 03/13	0	0	0	0	0	0	0	0
Mon - 03/14	908	1116	230	311	3	15	1	0
Tue - 03/15	473	208	115	473	5	19	1	0
Wed - 03/16	464	284	163	144	3	16	0	1
Thu - 03/17	888	321	211	182	4	18	0	1
Fri - 03/18	794	359	67	472	12	28	0	3
TOTALS	7,913	5,088	1,658	3,146	88	242	5	14
Daily Average	659.4	423.8	138.2	262.2	7.3	20.2	0.4	1.2

Signature of Person Making Count: YWNMN0

Printed Name: YWNMN0

Date: 03/21/11

Conversion Rate

Letter Type	Total Pieces Per Foot	Flat Type	Total Pieces Per Foot
Manual Letters	227	Manual Flats	115
Automated Letters	215	Automated Flats	115
Sequenced Letters	227	Sequenced Flats	115

Conversion rates are subject to periodic updates which will be published and disseminated when applicable.

Survey of Dispatched Mail

Survey of Dispatched Mail
(Record in Pieces)

Post Office Name and Zip+4: SMYRNA 13464 - 9998

Dates Recorded: 03/05/2011 through 03/18/2011

Date	Letters		Flats		Parcels		Other	
	First Class	Standard	First Class	Standard	Priority	Standard		
Sat - 03/05	112	0	2	0	2	5	0	0
Sun - 03/06	0	0	0	0	0	0	0	0
Mon - 03/07	49	0	0	0	1	0	0	0
Tue - 03/08	111	0	4	3	2	1	0	0
Wed - 03/09	171	0	6	1	1	2	0	0
Thu - 03/10	354	0	2	5	3	0	0	0
Fri - 03/11	186	0	11	0	1	3	1	0
Sat - 03/12	83	0	1	0	1	0	0	0
Sun - 03/13	0	0	0	0	0	0	0	0
Mon - 03/14	210	0	4	2	7	1	0	0
Tue - 03/15	174	0	11	157	4	1	0	0
Wed - 03/16	167	0	21	3	7	1	0	1
Thu - 03/17	183	0	6	0	2	0	0	1
Fri - 03/18	175	0	5	0	4	3	0	1
TOTALS	1,975	0	73	171	35	17	1	3
Daily Average	164.6	0.0	6.1	14.3	2.9	1.4	0.1	0.3

Signature of Person Making Count: YWNMN0

Printed Name: YWNMN0

Date: 03/21/11

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UNITED STATES POSTAL SERVICE

03/24/2011

OIC/POSTMASTER

SUBJECT: SMYRNA Post Office

Please provide the names and addresses of businesses, religious institutions, civic organizations, and local government offices, and schools that are served by the SMYRNA Post Office. The list of businesses should include small, part-time and in-home businesses, as well as public institutions, such as schools, police departments, etc; religious institutions and businesses physically located outside the community that use retail services on a routine basis at the SMYRNA Post Office. Also, please provide the total number of permit mailers and postage meter customers. Indicate in the space below the total number of Post Office box, general, and street delivery customers served by the office. Return all documents to NADINE TREMBLAY by 04/07/2011. This information will be entered into the official record for public viewing.

Post Office Box	89
General Delivery	0
Rural Route (RR)	368
Highway Contract Route (HCR)	0
Intermediate RR	0
Intermediate HCR	0
City Delivery	0
Total Customers	457

If you have any comments on alternate means of providing services to the SMYRNA customers, please provide them below:

Their own carrier would be able to

NADINE TREMBLAY
Post Office Review Coordinator

Comments:

Group e boxes

cc: Official Record

03/02/2011

SUBJECT: Possible Discontinuance of Post Office

The Postal Service is currently conducting an investigation concerning the possible discontinuance of the SMYRNA Post Office, 13464 - 9998, located in Chenango County. Please search your records for any recent reports of mail theft or vandalism in the area.

Please enter your findings in the yellow blocks below. Once complete please click submit. You can print from above. Signatures are captured electronically.

Thank you for your assistance in this matter

NADINE TREMBLAY
Post Office Review Coordinator
ALBANY PFC

NBR records of mail theft or vandalism: 5

Comments/Findings:

cc: Official Record

UNITED STATES POSTAL SERVICE

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04/04/2011

Chenago County Sheriff's

Route12 South

Norwich NY 13815

SUBJECT: Possible Discontinuance of Post Office

The Postal Service is currently conducting an investigation concerning the possible discontinuance of the Smyrna Post Office, 13464 - 9998, located in Chenango County. Please search your records for any recent reports of mail theft or vandalism in the area.

Please return your findings in the enclosed envelope. You may use the bottom of this form to report your findings, accompanied by your signature, title, and date.

Thank you for your assistance in this matter

Nadine Tremblay
NADINE TREMBLAY
Post Office Review Coordinator
ALBANY PFC

Enclosure: Return Envelope

Nbr records of mail theft or vandalism: Ø

Comments/Findings:

no recent records found Rank #980's

cc: Official Record

Post Office Survey Sheet

Post Office Name: SMYRNA ZIP+4: 13464-9998
Congressional District: 24 Date: 04/04/2011

1. List specific information about the facility, such as structural defects, safety hazards, lack of running water or restrooms (if so, where restrooms are available), security, and other deficiencies or factors to consider.

2. Is the facility accessible to persons with disabilities? ☑ Yes ☐ No

3. Lease terms? 30-day cancellation clause? Lease expires 08/31/2014 30 day termination clause

4. Are suitable alternate quarters available for an independent Post Office? If so, where?
Sherburn Post Office

5. List potential CPO sites.
n/a

6. Are there any postage meter customers or permit mailers? ☐ Yes ☑ No
If yes, please identify them by name and address.

7. Which career and noncareer employees will be affected and what accommodations will be made for them?
PM position is vacant OIC is clerk from Norwich

8. How is mail received and dispatched at the office and at what times? How will this be affected by discontinuance? Will a collection box be retained? Will a locked pouch be utilized?
HCR driver drops off mail and picks up dispatch Stop would be eliminated Collection box would be removed unless in carriers line of travel No lock pouch

How Post Office boxes are installed? 192
How Post Office boxes are used? 89
What are the window service hours? 08:00 - 12:30 - 13:30 - 16:30 M-F
08:00 - 11:00 S
What are the lobby hours? 07:45 to 16:45 M-F
07:45 to 11:30 S

9. Have there been recent cases of mail theft or vandalism reported to the postmaster/OIC? Explain.
none known

Post Office Survey Sheet *(continued)*

10. What equipment in the Post Office is not owned by the Postal Service (e.g., Post Office Boxes, furniture, safe)?
chair refrigerator and microwave belong to the OIC

11. List potential CBU/parcel lockers sites and distances from present Post Office site.
none known

12. Are there any special customer needs? (People who cannot read or write, who cannot drive, who have infirmities or physical handicaps, etc.) How can these people be accommodated?
none known

13. Rural delivery/HCR delivery.

a.	What is current evaluation?	
b.	Will this change result in the route being overburdened?	☐ Yes ☑ No
	If so, what accommodations will be made to adjust the route?	Add Aux or split route if needed
c.	How many boxes and miles will be added to the route?	73, box 22 Miles
d.	What would be the additional annual expense if the route is increased?	20303
e.	What is the one-time cost of CBU/parcel locker installation (if appropriate)?	0
f.	At what time of the day does the carrier begin delivery to the community?	
	Will this delivery time be affected if the office is discontinued? (Y or N)	☐ Yes ☑ No
	If so, how?	0

14. Are the Post Office box fees at the facility that will provide alternative service different from those at the office to be discontinued? If so, how (Cost)? ☐ More ☑ Same ☐ Less

Community Survey Sheet

Community Survey Sheet

Post Office Name: SMYRNA
ZIP+4: 13464-9998
Congressional District: 24
Date: 04/04/2011

1. Incorporated? ☐ Yes ☑ No

   Local government provided by: Village mayor
   Police protection provided by: Chenago County Sheriff's
   Fire protection provided by: Smyrna FD
   School location: Sherburn Erieville

2. What population growth is expected? (Please document your source)
   Projected Annual Household Growth Rate: -0.23% see attached Growth Link

3. What residential, commercial, or business growth is expected? (Please document your source)
   Projected Annual business Growth Rate: -0.23% see attached Growth Link

4. History. (Are there any special historical events related to the community?
   Are there any special community events to consider?
   Is the Post Office facility a state or national historic landmark (see ASM 515.23)?
   Check with the field real estate office when verification is needed.)

5. What is the geographic/economic make-up of the community (e.g., retirees, commuters, self-employed, farmers)?
   retirees, commuters, self-employed

6. Which nonpostal services are provided by the Post Office (e.g., public bulletin board,
   school bus stop, community meeting location, voting place, government form distribution center.
   Do employees of the office offer assistance to senior citizens and handicapped)?
   What provisions can be made for these services if the Post Office is discontinued?
   none known

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ZIP CODE DEMOGRAPHIC REPORT

Post Office Name: Smyrna, NY
ZIP Code: 13464

Total Population:		Total Households:	
2010	1,531	2010	533
2015	1,503	2015	527

Projected Annual Household Growth Rate: -0.23%

Notes Pending 2010 Dataset

New ZIP Code Search

| Home | USPS Blue | Assistance |

Highway Contract Route Cost Analysis Form

Highway Contract Route
Estimated Cost for Alternative Service

Office Name: SMYRNA
Office Zip+4: 13464 -9998 District: ALBANY PFC

1.	Enter the number of additional boxes to be added to the route	73	x 3.64 hours per year	265.72
2.	Enter the number of additional miles to be added to the route	22.60	x 10.40 hours per year	235.04
			Total time added to the route	500.76
3.	Enter the HCR hourly rate (Contact Area Manager, Purchasing/Contracting Officer)			35.00
	Total additional compensation (HCR hourly rate x total time added to the route)			17,526.60

Rural Route Cost Analysis Form

Rural Route Carrier
Estimated Cost for Alternative Replacement Service

Office Name: SMYRNA
Office Zip+4: 13464 -9998 District: ALBANY PFC

1.	Enter the number of additional boxes to be added to the rural route	73		
2	Enter the number of additional miles to be added to the route	22.60		
	Enter the volume factor	2.33		
		Total (additional boxes x volume factor)		170.09
3.	Enter the number of additional boxes to be added to the rural route	73		
	Centralized boxes	0.00	x 1.00 Min	0.00
	Regular L route boxes	0.00	x 1.82 Min	0.00
	Regular Non-L route boxes	73.00	x 2.00 Min	146.00
			Total additional box allowance	146.00
4.	Enter the number of additional daily miles to be added to the rural route	22.60	x 12 Mileage Standard	271.20
			Total additional minutes per week (miles carried to two decimal places)	587.29
5.	Total additional annual minutes (additional minutes per week year)	587.29	x 52 Weeks	30,539.08
6.	Total additional annual hours (additional annual minutes/ 60 minutes per hour)	30,539.08	/ 60 Minutes	508.98
7.	Enter the rural cost per hour (see national payroll summary report – rural carrier, consolidated)	39.89		
		Total Annual Cost (additional annual hours x rural cost per hour)		20,303.40
8.	Enter lock pouch allowance (if applicable)			0.00
		Total annual cost for alternate service (annual cost minus lock pouch allowance)		20,303.40

U.S. Postal Service

POST OFFICE CLOSING OR CONSOLIDATION PROPOSAL

Fact Sheet

1. Date Prepared: 06/04/2011

2. Post Office Name: SMYRNA

3. State and ZIP + 4 Code: NY, 13464-9998

4. District, Customer Service: ALBANY PFC

5. Area, Customer Service: NORTHEAST

6. County: Chenango

7. Congressional District: 24

8. Reason for Proposal to Discontinue: Management initiated study to provide regular and effective service through alternate channels.

9. PO Emergency Suspension (Reason and Date): No Suspension

10. Proposed Permanent Alternate Service:

11. Staffing

a. [ ] PM [✓] PM Vacancy Reason & Date was reassigned

Occupied 05/18/2008

b. [ ] CIC [ ] Career [✓] Non-Career

c. Current PM POSITION Level (150) EAS-13 — Downgraded from EAS-13

d. No of Clerks- 0 No of Carrier- 0 No of Non-Carrier- 0

e. No of Others- 1 No of Carrier- 1 No of Non-Carrier- 0

12. Hours of Service

	Sat	Total Window Hours Per Week
a. Time M-F 08:00 - 12:30, 15:30 - 16:30	08:00 - 11:00	
a. Lobby Time M-F 07:45 to 16:45	07:45 to 11:30	8.00

13. Number of Customers Served

a. General Delivery	0
b. P.O. Box	99
c. City Delivery	0
d. Rural Delivery	368
e. Highway Contract Route Box	0
f. Total	467
g. No. Receiving Duplicate Service	0
h. Average No. Daily Transactions	30.50

14. Daily Volume (Pieces)

Types of Mail	Received	Dispatched
a. First-Class	1,083	164
b. Newspaper	400	20
c. Parcel	27	4
d. Other	1	0
e. Total	1,511	188
f. No. of Postage Meters		0
g. No. of Permits		0

Finances a. FY	Receipts	b. EAS Step 1 PM Basic Salary (no Cola)	c. PM Fringe Benefits (33.5% of b.)
2008	$ 43,051		
2009	$ 47,545		
2010	$ 48,483	$ 36281	$12,158

16a. Quarters

[ ] Postal Owned [✓] Leased (if Leased, Expiration Date) 06/30/2014 Annual Lease $ 6800

30-day cancellation clause? [✓] Yes [ ] No Evicted? [ ] Yes [✓] No (if Yes, must vacate By)

Located in: [ ] Business [ ] Home [✓] Other Suitable alternate quarters available? [✓] Yes [ ] No

16b. Explain: Building appears to be shared by departments. Alternate service through Sherburne Post Office

17. Schools, Churches and Organization in Service Area: No. 0

18. Businesses in Service Area: No. 0

19. Administrative/Remaining Office (Proposed)

Name SHERBURNE PO EAS Level 16 Miles Away 0.0

Window Service Hours: M-F 09:00 17:00 SAT 10:00 13:00

Lobby Hours M-F 09:45 to 17:30 SAT 08:45 to 1:30

PO Boxes Available 297

20. Nearest Post Office (if different from above)

Name SHERBURNE PO EAS Level 16 Miles Away 0.0

Window Service Hours M-F 09:00 17:00 SAT 10:00 13:00

Lobby Hours M-F SAT

PO Boxes Available 0

21. Prepared by

Printed Name and Title	Signature	Telephone No. AC 0
NADINE TREMBLAY	NADINE TREMBLAY	(518) 452-4680

PO Discontinuance Coordinator Name	Telephone No. AC 0	Location
NADINE TREMBLAY	(518) 452-4680	ALBANY, NY

PS Form 4820, June 1993

UNITED STATES POSTAL SERVICE

A. Office

Name: SMYRNA
State: NY
Zip Code: 13464
Area: NORTHEAST
District: ALBANY PFC
Congressional District: 24
County: Chenango
EAS Grade: 13
Finance Number: 357855

Post Office: ☑ Classified Station ☐ Classified Branch ☐ CPO ☐

This form is a place holder for number 19. And the verification of new service type is complete.

Prepared by: Nadine Tremblay
Date: 04/07/2011
Title: ALBANY PFC Post Office Review Coordinator
Tele No: (518) 452-4080
Fax No: (518) 464-7429

UNITED STATES POSTAL SERVICE

05/24/11

OIC/POSTMASTER

SUBJECT: SMYRNA Post Office

Enclosed are questionnaires addressed to customers of the SMYRNA Post Office. I have also enclosed additional copies of the questionnaires for any retail or other customer who wishes to complete one. Please furnish these questionnaires to retail customers upon request. All completed forms should be forwarded to my office by 05/19/2011 for further review.

Nadine Tremblay
Post Office Review Coordinator
Enclosures

UNITED STAT
POSTAL SERV

05/09/2011

POSTAL CUSTOMER
SMYRNA POST OFFICE
SMYRNA, NY 13464

Dear Postal Service Customer:

As the Postal Service manager responsible for all Post Offices in your area, I would like your opinion concerning a possible change in the way your postal service is provided. The recommended change is tentative and will not lead to a formal proposal unless we conclude that it will provide a maximum degree of regular and effective service.

The Postmaster at the Smyrna Post Office was reassigned on 05/10/2008. The Office is being studied for possible closing or consolidation for the following reasons: This is a management initiated study to determine if regular and effective service can be provided through alternate channels.

Briefly, we would like to provide pickup and delivery of your mail, as well as the sale of stamps and all other customary postal services, by rural route service emanating from the Sherburne Post Office.

We estimate that carrier service would cost the Postal Service substantially less than maintaining the Post Office in your community and still provide regular and effective service. Enclosed is information about some of the services available from the carrier. Retail services are also available at the Sherburne Post Office, located 6.0 miles away. Hours of service at this office are 09:00 to 13:00 and 14:00 to 17:00, Monday through Friday, and 10:00 to 13:00 on Saturday. Post Office box service is available at this location at the same fees.

SERVICES AVAILABLE FROM RURAL AND HIGHWAY CONTRACT ROUTE CARRIERS: * Mailing Packages, * Purchasing Stamps by Mail, * Purchasing Postal Money Orders, * Special Services, * Holding Mail. Customers who retain their PO Box or currently have street delivery WILL NOT be required to change their address. ONLY customers electing to close their PO Box and begin street delivery would be required to change their address, if a final determination is made to close or consolidate this office.

I invite you to think about a possible change to rural route service. Please return the enclosed questionnaire by 05/19/2011 using the pre-addressed envelope provided or at the community meeting.

You may, of course, want to discuss this form of service with us before drawing any conclusions. Postal representatives will be at the Smyrna Methodist Church, 3 E Main St, Smyrna NY 13464 on Thursday, May 19, 2011 from 5:30 pm to 7:30 pm to answer questions and provide information about our service. You may wish to discuss and submit your questionnaire at that time.

If you have any questions, you may call Nadine Tremblay at (518) 452-4065.

Thank you for your assistance.

Sincerely,

BRIAN SHEPARDSON
Manager, Post Office Operations
30 Karner Rd
Albany, NY, 12288-9992

Enclosures
Questionnaire and return envelope Summary of Post Office Change Regulations,
Carrier delivery information CBU information sheet (when appropriate)

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☐	☐
b. Mailing Letters	☐	☐	☐	☐
c. Mailing Parcels	☐	☐	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☐
f. Buying money orders	☐	☐	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☐
h. Sending Express Mail	☐	☐	☐	☐
i. Buying stamp-collecting material	☐	☐	☐	☐

Other Postal Services

a. Entering permit mailings ☐ YES ☐ NO

b. Resetting/using postage meter ☐ YES ☐ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☐ NO

b. Using for school bus stop ☐ YES ☐ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☐ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☐ Banking _____

☐ Employment _____

☐ Social needs _____

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

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: _____

Address: _____

Telephone: _____

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.

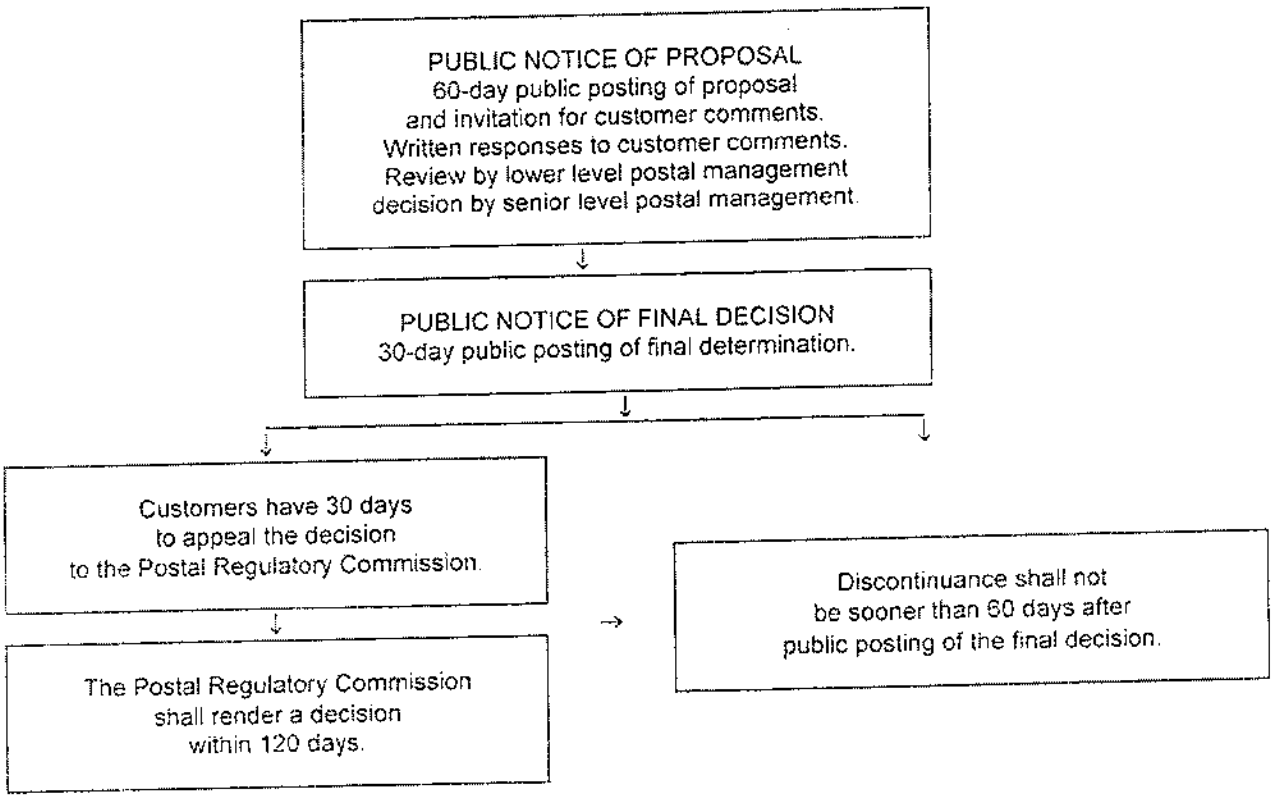
UNITED STATES POSTAL SERVICE

SUMMARY OF POST OFFICE CHANGE REGULATIONS

Certain regulations based on federal law apply when postal managers propose to replace a Post Office with an alternate form of postal service. These regulations are designed to ensure that the reasons for proposing such changes in postal service are fully disclosed at a stage when customers can make helpful contributions toward a final decision. The full text of the statutory provisions appears in Title 39, *United States Code*, Section 404(b), while the implementing regulations appear in Title 39, *Code of Federal Regulations*, Part 241.3.

According to implementing regulations, an initial investigation and any subsequent formal proposal to discontinue a Post Office originate with postal field managers responsible for Post Offices in that area. The proposal must explain the services recommended as substitutes and the rationale that supports this recommendation. The written proposal is prominently posted for 60 days at affected Post Offices, along with an "Invitation for Comments," which formally invites customer comments. At the end of the 60-day comment period, additional review is made at lower and upper levels of postal management.

When a final decision is made at Postal Headquarters in Washington, DC, that decision is posted in affected Post Offices for 30 days, during which customers may appeal the decision to the Postal Regulatory Commission in Washington, DC. The Postal Regulatory Commission has 120 days to consider and decide an appeal. Even without an appeal, no Post Office may be closed sooner than 60 days after the public posting of the final decision.



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Notice

Services at the
Smyrna Post Office
are being studied for possible
discontinuance.
Postal Representatives will be at
the Smyrna Methodist Church, 3
East Main Street, Smyrna NY
13464 on 05/19/2011 from 5:30
PM to 7:30 PM to discuss
alternative services available to
the community, the service you
now receive, and what effect
officially discontinuing the Smyrna
Post Office will have on customers
and the community.

We look forward to meeting with
you to discuss this important
matter.

Poster 2

ED STATES
AL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☒	☐	☐
d. Pick up Post Office box mail	☒	☐	☐	☐
e. Pick up general delivery mail	☒	☐	☐	☐
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☒	☐	☐
h. Sending Express Mail	☐	☒	☐	☐
i. Buying stamp-collecting material	☐	☒	☐	☐

Other Postal Services

a. Entering permit mailings ☒ YES ☐ NO

b. Resetting/using postage meter ☒ YES ☐ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☒ YES ☐ NO

b. Using for school bus stop ☐ YES ☐ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain: _____

d. Using public bulletin board ☒ YES ☐ NO

e. Other ☐ YES ☐ NO

If yes, please explain. ANY questions, Rick answers or Finds the answers - helped with Passport information, forms, etc.

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, please explain:
Rural area - I (only) use (my) post office for all my needs.

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain: why do I need to drive over 15 miles to get my packages, mail, have questions answered, etc when I work during post office hrs - can NOT get to post office during work hrs.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping once time every 2 wks

☐ Personal needs

☐ Banking

☐ Employment

☒ Social needs once every 2 wks

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No Maybe - maybe not since I would be forced to drive. Local store/ business would suffer.

Name: Bernice O'Brien

Address: PO Box 134, Smyrna NY

Telephone: 607 627 6820

Date: 5/5/11

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.

Rural life revolves around our Post Office. It is a part of this community - not just a Post Office. Ideas are exchanged, friends chat, business is conducted, local business depends on the hrs of post office. Our postmaster knows the area, delivers knowledge as well as does the mail. Cut back on managers salaries to save, not cut back on our rural post office.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following.

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☒	☐	☐	☐
e. Pick up general delivery mail	☒	☐	☐	☐
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☒	☐	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO

If yes, please explain: _____

d. Using public bulletin board	☒ YES	☐ NO
e. Other	☒ 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, please explain: _____

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UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain: This is a business (dairy farm) When we had carrier delivery, we sometimes did not receive delivery until 4 p.m. This is too late for us. Having a P.O. Box is much more efficient use of our time.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☒ Banking Earlville, NY

☐ Employment

☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Blanchard Farms, Inc.

Address: 880 Cty Rd 20, PO Box 52, Smyrna, NY 13164

Telephone: 315-691-3822

Date: 5/4/11

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.

Closing the Post Office in Smyrna would add about 14 miles a day onto my drive. It would seriously impact my ability to efficiently manage this business effectively and would be a detriment to the elderly & handicapped population in this community

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☒	☐	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☒	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: _____

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UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping _____

☐ Personal needs _____

☒ Banking _____

☐ Employment _____

☐ Social needs _____

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Rick Collins

Address: PO Box 42

Telephone: 315-837-4675

Date: 5-4-11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☒	☐	☐
d. Pick up Post Office box mail	☒	☐	☐	☐
e. Pick up general delivery mail	☒	☐	☐	☐
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☒	☐

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☒ YES	☐ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☒ YES	☐ NO
If yes, please explain:		
d. Using public bulletin board	☒ YES	☐ NO
e. Other	☒ YES	☐ NO
If yes, please explain: Community Center		

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, please explain:

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain: my mail box frequently was destroyed by snow plows. Not useful

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☒ Banking

☒ Employment

☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

when all we have is a post office and one small store, the store will also be diminished. We need our community assets

Name: Nigel Seldon

Address: P.O. Box 271

Telephone: 607 627 6743

Date: 5/4/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☒	☒	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☒	☐	☐
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☒	☐	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☒ YES ☐ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain. _____

d. Using public bulletin board ☒ YES ☐ NO

e. Other ☐ 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, please explain Other post offices are out of the way & a special trip!!

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping
☐ Personal needs
☒ Banking
☐ Employment
☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name Perry & Dawnne Deline

Address: 266 Willcox Rd. - Smyrna

Telephone: 607-627-6723 - 907-486 0483

Date: 5/10/11

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.

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May 10, 2011

Dear Brian Shepardson, Manager, Post Office Operations,

Hello, my name is Dawnne Dehne. I have lived in Smyrna, NY most of my life and it has come to my attention that you are looking to shut down our post office and consolidate it with the Sherburne, NY office. I want to be clear that I do understand the need to reduce offices for budgetary reasons. I also would like to be clear that I STRONGLY disapprove of closing offices in smaller remote communities for many reasons.

Many times in larger towns and cities you have multiple offices. I feel that these are more easily consolidated due to the fact that public transportation is more readily available. Also, local grocery stores tend to offer postal supplies making it easier to obtain the necessities.

Then you need to consider delivery distances. With the multiple offices say in Utica, NY you may have 5 or so extra miles to a post office, where in these rural areas you are talking 15 or more miles. I would strongly suggest crunching the numbers on the additional fuel it would take for the Sherburne, NY office to service the Smyrna, NY area. I personally would be interested in seeing these numbers; especially if the tallies were compared to those of our example Utica, NY. I think information such as this should be provided to the public.

Smyrna is made up of many farmers. I do not know what you may or may not know of the area, but some places in Smyrna are "way out there". Farmers are hard workers, providing food for us all to eat. Most farmers I know don't like to leave their farms any more than they have to. When they are running to the post office they don't have the time to go an extra 10 miles or more out of their way. It is inconvenient at best.

What would those who are unable to drive an extra 10 miles or more. What happens to those who do not have access to usps.com and are unable to drive to the library to access it?

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There are a number of others I can think this would hurt as well. I would just like to know how you plan to aid those who may need help in this area.

Finally, there is the social and economic impact this closing will have on the community. There are not many places to go in Smyrna. I would argue that the local post office brings people in from outside the village and increases business at the local store. It also is a great place to visit with neighbors and friends you may not have seen for a while.

I personally feel that there are other ways to accomplish the task of reducing the number of post offices. I feel that instead of closing smaller rural post offices you must first consolidate the city post offices. It would be a terrible injustice to close the Smyrna, NY post office.

Thank you,

Dawnne Dehne

Dawnne Dehne

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☑	☐	☐
b. Mailing Letters	☐	☑	☐	☐
c. Mailing Parcels	☐	☐	☐	☐
d. Pick up Post Office box mail	☑	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☑
f. Buying money orders	☐	☐	☑	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☑
h. Sending Express Mail	☐	☐	☐	☑
i. Buying stamp-collecting material	☐	☐	☑	☐

Other Postal Services

a. Entering permit mailings ☐ YES ☑ NO

b. Resetting/using postage meter ☐ YES ☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☑ YES ☐ NO

b. Using for school bus stop ☐ YES ☑ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☑ NO

If yes, please explain. _____

d. Using public bulletin board ☐ YES ☑ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☑ No Opinion ☐ Worse

If yes, please explain. _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping _____

☑ Personal needs _____

☑ Banking _____

☑ Employment _____

☑ Social needs _____

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☑ Yes ☐ No

Name: Harry Shortway Jr

Address: Box 113 Smyrna NY 13464

Telephone: 627-6791

Date: 5/12/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☐	☑	☐	☐
c. Mailing Parcels	☐	☐	☑	☐
d. Pick up Post Office box mail	☑	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☐
f. Buying money orders	☐	☐	☐	☑
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☐	☐	☐
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services		
a. Entering permit mailings	☐ YES	☑ NO
b. Resetting/using postage meter	☐ YES	☑ NO

Nonpostal Services		
a. Picking up government forms (such as tax forms)	☐ YES	☑ NO
b. Using for school bus stop	☐ YES	☑ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☐ NO
If yes, please explain:		
d. Using public bulletin board	☐ YES	☑ NO
e. Other	☐ 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, please explain

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☑ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping NA

☐ Personal needs NA

☑ Banking Sherburne — Treasurer does that

☐ Employment NA

☐ Social needs NA

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: Smyrna Baptist Church

Address: PO Box 22, Smyrna N.Y. 13464

Telephone 607-627-6717

Date 5/10/11

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.

This would be a hardship closing the post office. Person picking up mail is retired and does not travel daily, ~~especially~~ to Sherburne.

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☒	☐	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☒	☐
f. Buying money orders	☐	☒	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: on the way to work - to far away

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☐ Banking _____

☐ Employment _____

☐ Social needs _____

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: David L. & Beverly C. Meyer

Address: 108 Jenison Spur Rd. Imagene NJ 13464

Telephone. 607-627-6506

Date. 4/11/11

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.

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☒	☐	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☒	☐	☐	☐
e. Pick up general delivery mail	☒	☐	☐	☐
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☒	☐	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☒ YES	☐ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO

If yes, please explain: _____

d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping
☒ Personal needs
☒ Banking
☒ Employment
☒ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Larry L. Crandall

Address: Po box 44 9-West School St. SMYRNA NY 13464

Telephone: 607 627 6544

Date: May 9th 2011

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.

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☒	☐	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☒	☐	☐	☐
e. Pick up general delivery mail	☒	☐	☐	☐
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain. _____

d. Using public bulletin board ☒ YES ☐ NO

e. Other ☐ 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, please explain: _____

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UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain: it would be very inconvenient for me to go to Lisbon to get mail and buy money orders

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping SMYRNA

☐ Personal needs SMYRNA

☐ Banking SMYRNA

☐ Employment SMYRNA

☐ Social needs SMYRNA

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Bryan FULLER

Address: 2 EAST School ST SMYRNA 15461

Telephone: 607-316-3167

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.

It is my hope that you find a way to keep Smyrna Post office open. Please!

Bryan Fuller

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UNITED STATES POSTAL SERVICE®

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☒	☐	☐	☐
e. Pick up general delivery mail	☒	☐	☐	☐
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☒ YES ☐ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☒ YES ☐ NO

e. Other ☐ 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, please explain: [illegible]

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain: Don't have time to go elsewhere. Use Post Office Daily

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐	Shopping	Smyrna Market
☐	Personal needs	
☒	Banking	Sherburne
☐	Employment	Smyrna
☒	Social needs	County City. Delaware-Sherburne

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Robert Graham Highway Superintendent - Smyrna

Address: 428 Graham Rd Smyrna 13464

Telephone: 607-627-6660 Home Work 627-6676

Date: 5-4-11

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.

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☒	☐	☐	☐
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO
If yes, please explain:		
d. Using public bulletin board	☒ YES	☐ NO
e. Other	☐ 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, please explain:

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping
☒ Personal needs
☒ Banking
☐ Employment
☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No but would not like to see Post office Closed

Name: Marie Whaley

Address: 816 German Holland Rd - Smyrna, NY 13464

Telephone: 607-336-2116

Date: 5-6-11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following.

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☒	☐
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO
If yes, please explain:		
d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain:

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UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping _____

☒ Personal needs _____

☒ Banking _____

☐ Employment _____

☐ Social needs _____

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

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: DANIEL B MONROE

Address: 553 COUNTY RD # 21 SMYRNA NY 13464

Telephone: (607) 627-6621

Date: 5/5/11

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.

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☐	☒	☐
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☒	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☐
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☐ NO
c. Assisting senior citizens, persons with disabilities, etc.	☒ YES	☐ NO

If yes, please explain: _____

d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping
☐ Personal needs
☐ Banking
☐ Employment
☒ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Stanley Peckham

Address: P.O. Box 152 Bonifay, FL 32425

Telephone:

Date: May 5 / 2011

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☑	☐	☐
b. Mailing Letters	☑	☐	☐	☐
c. Mailing Parcels	☐	☐	☑	☐
d. Pick up Post Office box mail	☑	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☑
f. Buying money orders	☐	☐	☐	☑
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☐	☐	☑
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings	☐ YES	☑ NO
b. Resetting/using postage meter	☐ YES	☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☑ YES	☐ NO
b. Using for school bus stop	☐ YES	☑ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☑ NO
If yes, please explain:		
d. Using public bulletin board	☑ YES	☐ NO
e. Other	☐ 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, please explain:
not convenient to stop - Hours aren't convenient

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☑ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping Norwich

☑ Personal needs Norwich

☑ Banking Sherburne

☑ Employment all over

☑ Social needs all over

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☑ Yes ☐ No

Name: Grant Cross

Address: Box 126 Smyrna NY

Telephone: 607-627-6215

Date 5/25/11

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.

Post office is an asset to the community. ~~Los~~ Closing of the post office would be a lost to the community and a huge inconvenience to our postal needs. I highly urge you to not close the Smyrna Post Office.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒ sometimes
e. Pick up general delivery mail	☐	☐	☐	☒ sometimes
f. Buying money orders	☐	☐	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☐
h. Sending Express Mail	☐	☐	☐	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO
If yes, please explain:		
d. Using public bulletin board	☒ YES	☐ NO
e. Other	☐ 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, please explain:

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping _____

☑ Personal needs _____

☑ Banking _____

☐ Employment _____

☑ Social needs _____

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☑ Yes ☐ No

Name: Robert J. Matteson

Address: 760 County Rd. 20

Telephone: 624-6300

Date: 5-7-11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☒	☐	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☒ YES ☐ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping
☐ Personal needs
☒ Banking
☐ Employment
☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Sydney Cooper

Address: 208 Flat Row Road Smyrna N.Y. 13464

Telephone: 627-6745

Date: 5-4-2011

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.

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following.

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☐
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☒ YES	☐ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☒ YES	☐ NO

If yes, please explain: on occasion I stopped pick up stamps and mail letters for shut ins

d. Using public bulletin board	☒ YES	☐ NO
e. Other	☐ 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, please explain:

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Norwich

☐ Personal needs

☒ Banking Sherburne & Norwich

☐ Employment

☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name Laura Crane

Address: 188 Flat Iron Rd.

Telephone 607 627 6771

Date. 5/5/11

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.

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☒	☐	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☐
f. Buying money orders	☐	☐	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☐
h. Sending Express Mail	☐	☐	☐	☐
i. Buying stamp-collecting material	☐	☐	☐	☐

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☒ Personal needs _____

☒ Banking _____

☐ Employment _____

☐ Social needs _____

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Don B Lanchard

Address: P.O. Box 3 Smyrna, N.Y. 13464

Telephone 607-627-6606

Date: 5-6-11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☐	☒	☐
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO

If yes, please explain: _____

d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping _____

☒ Personal needs _____

☒ Banking _____

☐ Employment _____

☒ Social needs _____

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Clarence & Betty Hood

Address: 29 East Main St Smyrna N.Y.

Telephone: (607) 627-6863

Date: 5/4/11

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.

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☐	☒	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☒ YES	☐ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO
If yes, please explain		
d. Using public bulletin board	☐ YES	☐ NO
e. Other	☐ 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, please explain: [illegible]

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping _____

☒ Personal needs _____

☒ Banking _____

☐ Employment _____

☐ Social needs _____

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: C Hartwell

Address: 2322 St. Tita. St. Smyrna NY

Telephone: 607-674-6642

Date: 2/6/11

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.

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☐	☑	☐	☐
c. Mailing Parcels	☐	☐	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☐
f. Buying money orders	☐	☐	☐	☐
g. Obtaining special services, Including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☐
h. Sending Express Mail	☐	☐	☐	☐
i. Buying stamp-collecting material	☐	☐	☐	☐

Other Postal Services

a. Entering permit mailings ☐ YES ☐ NO

b. Resetting/using postage meter ☐ YES ☐ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☐ NO

b. Using for school bus stop ☐ YES ☐ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☐ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping Sherburne · Norwich

☑ Personal needs Sherburne

☑ Banking Norwich

☐ Employment

☐ Social needs

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☑ Yes ☐ No

Name: [illegible]

Address: [illegible] Quaker Hill Rd, Smyrna New York 13464

Telephone: [illegible] 6607

Date: [illegible] 2011

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☐	☒	☐
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain:

Hamilton + Sherburne on way to work

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UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Norwich

☐ Personal needs

☒ Banking Hamilton

☒ Employment Hamilton

☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Karl Kimball

Address: 968 Bowers Lake Rd Smyrna, NY 13464

Telephone 315-525-1495

Date: 5/5/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☐	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: Sherburn Post office

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☑ No Opinion ☐ Worse

If yes, please explain.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping Norwich - Sherborne

☐ Personal needs

☑ Banking Sherburn

☐ Employment Retired

☑ Social needs Any where

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☑ Yes ☐ No

Name: William J Labriola

Address: 228 Tom Graham Rd Smyrna NY 13464

Telephone: 607 627 6365

Date: 5/5/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☒	☐	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☒	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping
☒ Personal needs
☒ Banking
☒ Employment
☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: Peter + Linda Maynard

Address: 278 Wilson Rd.

Telephone: 602 627-6651

Date: 5-4-11

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.

I go to work @ 7:45 + return @ 2:45. I cannot get to Sherburne. I can wait till 8 am when Smyrna opens. I do not pass any other Post office. I would have to go out of my way + use more costly gas.

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☐	☐	☑	☐
c. Mailing Parcels	☐	☐	☐	☐
d. Pick up Post Office box mail	☑	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☐
f. Buying money orders	☐	☐	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☐
h. Sending Express Mail	☐	☐	☐	☐
i. Buying stamp-collecting material	☐	☐	☐	☐

Other Postal Services

a. Entering permit mailings ☐ YES ☐ NO

b. Resetting/using postage meter ☐ YES ☐ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☐ NO

b. Using for school bus stop ☐ YES ☐ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☐ NO

e. Other ☐ 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, please explain. _____

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☑ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping _____

☑ Personal needs _____

☑ Banking _____

☐ Employment _____

☐ Social needs _____

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☑ Yes ☐ No

Name: Tim Rabbitt + Family

Address: 1485 Rose Rd

Telephone Smyrna

Date: 5/5/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☐	☒	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☒ YES ☐ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☒ YES ☒ NO

e. Other ☐ 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, please explain: _____

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UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Norwich

☒ Personal needs Norwich

☒ Banking Sherburne or Norwich

☐ Employment - self employed

☒ Social needs - West Smyrna

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Virginia Engerto

Address: 1499 Beaver Meadow Rd Smyrna, N.Y. 13464

Telephone: (607) 627-6744

Date: 7 May 2011

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.

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☐	☒	☐
c. Mailing Parcels	☐	☐	☐	☐
d. P ck up Post Office box mail	☐	☐	☐	☒
e. P ck up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting matenal	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☒ NO
c Assisting senior citizens, persons with disabilities, etc.	☒ YES	☐ NO
If yes, please explain.		
d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain.

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☒ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☒ Personal needs

☒ Banking

☒ Employment

☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: [illegible]

Address: [illegible]

Telephone:

Date: [illegible]

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.

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☒ YES	☐ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO

If yes, please explain: _____

d. Using public bulletin board	☒ YES	☐ NO
e. Other	☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒	Shopping	Sherburne / Norwich
☒	Personal needs	Norwich / Sherburne
☒	Banking	Sherburne / New Berlin / Norwich
☒	Employment	Norwich / New Berlin / Sherburne /
☐	Social needs	Norwich / Utica

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

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: B. H Rickard

Address: 283 Smith Rd, Smyrna, N.Y

Telephone: 607. 627 - 6852

Date: 5/4/11

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.

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☐	☐	☐
c. Mailing Parcels	☐	☐	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☐
f. Buying money orders	☐	☐	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☐
i. Buying stamp-collecting material	☐	☐	☐	☐

Other Postal Services

a. Entering permit mailings ☐ YES ☐ NO

b. Resetting/using postage meter ☐ YES ☐ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☐ NO

b. Using for school bus stop ☐ YES ☐ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☐ NO

e. Other ☐ 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, please explain. weekly – Sherburne, every other wk (No Norwich and Norwich)

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping _____

☐ Personal needs _____

☐ Banking _____

☐ Employment _____

☐ Social needs _____

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Terry R Crandall

Address: 1644 State Hwy 80

Telephone: 607-627-6659

Date: 5/6/11

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.

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☐	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☐	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☐
f. Buying money orders	☐	☒	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☒	☐	☐
h. Sending Express Mail	☐	☐	☐	☐
i. Buying stamp-collecting material	☐	☒	☐	☐

Other Postal Services

a. Entering permit mailings ☐ YES ☐ NO

b. Resetting/using postage meter ☐ YES ☐ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☒ YES ☐ NO

b. Using for school bus stop ☐ YES ☐ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain: _____

d. Using public bulletin board ☒ YES ☐ NO

e. Other ☐ 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, please explain: Plymouth, but I do not sell my land, as Donna Ashton wants. That is all I get asked every time, I go in here I do not care she uses the post office to sell land and other things, also she tells everyone what kind of mail you get.

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain. _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☐ Banking _____

☐ Employment _____

☐ Social needs _____

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: _____

Address: _____

Telephone: _____

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☒	☐	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☒	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☐
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☒ YES	☐ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO
If yes, please explain:		
d. Using public bulletin board	☒ YES	☐ NO
e. Other	☐ 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, please explain:

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- [✓] Shopping — Smyrna
- [✓] Personal needs — Smyrna
- [✓] Banking — Sheeburne
- [✓] Employment — No
- [X] Social needs

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

[X] Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes [X] No I would Be Forced To Travel 6 miles To Sheburne To go To Post office, the cost of gas will Be To much

Name: John Grosso

Address: 267 John Graham Rd

Telephone: 607-373-9461

Date: 5/5/2011

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☒	☐	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☒ YES	☐ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO

If yes, please explain: _____

d. Using public bulletin board	☒ YES	☐ NO
e. Other	☐ 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, please explain: _____

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UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☒ Banking Norwich

☒ Employment Sherburne & Norwich

☐ Social needs _____

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name Marilyn Blanchard

Address 1155 Blower Cove

Telephone 607-627-6273

Date 5-5-11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☒	☐	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☒	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☒	☐	☐
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☒	☐	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☒ YES ☐ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☒ YES ☐ NO

e. Other ☐ 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, please explain: _____

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UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain: we still buy stamps + send packages out and it is convient and then we shop @ the SMYRNA Store.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping
☐ Personal needs
☐ Banking
☐ Employment
☐ Social needs

Norwich

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Tammy Boise

Address: 496 Graham Rd Smyrna N.Y. 13464

Telephone: 607 627-6369

Date: 5-5-11

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.

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5-5-11

The Smyrna Post office has been around for years. People in this small community need jobs and have familys to feed. The employees there take good care of their customers and are always pleasant to do business with. With out the Smyrna Post office it would be a big inconvience to several people and community business such as the Smyrna store would be effected. People shop and get the mail usually side by side. I strongly feel that the Post office is needed in the community and should remain open.

Thanks

Tammy Boise

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☒	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☒	☐	☐
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☒	☐	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☒ YES ☐ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☒ YES ☐ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain: I don't Drive by another Post Office.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping
☐ Personal needs
☐ Banking
☐ Employment
☐ Social needs

Norwich

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Martin L. Sayles

Address: 496A Graham Rd Smyrna N.Y. 13464

Telephone: 607 627-6369

Date: 5-5-11

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.

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5-5-11

The SmyRNA Post office has been around for years. People in this small Community Need Jobs and have familys to Feed. The employees there take good care of their Customers and are always pleasant to do business with. With out the SmyRNA Post office it would be a big inconvience to Serveral people and Community business Such as the SmyRNA store would be effected. People shop and get the mail uswally side by side. I Strongly Feel that the Post office is Needed in the Community and Should remain open.

Thanks Martin J Saylor

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☐	☑
b. Mailing Letters	☐	☐	☐	☑
c. Mailing Parcels	☐	☐	☐	☑
d. Pick up Post Office box mail	☐	☐	☐	☑
e. Pick up general delivery mail	☐	☐	☐	☑
f. Buying money orders	☐	☐	☐	☑
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☑
h. Sending Express Mail	☐	☐	☐	☑
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services		
a. Entering permit mailings	☐ YES	☑ NO
b. Resetting/using postage meter	☐ YES	☑ NO

Nonpostal Services		
a. Picking up government forms (such as tax forms)	☐ YES	☑ NO
b. Using for school bus stop	☐ YES	☑ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☑ NO
If yes, please explain:		
d. Using public bulletin board	☐ YES	☑ NO
e. Other	☐ 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, please explain: I walk to North Middle and I come by there every morning I buy my Stamps there and I like the postmaster. The one in Smyrna is not very Respectfull

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☐ Banking _____

☐ Employment _____

☐ Social needs _____

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

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: _____

Address: _____

Telephone: _____

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.

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never	
a. Buying Stamps	☐	☐	☒	☐	
b. Mailing Letters	☐	☒	☐	☐	
c. Mailing Parcels	☐	☐	☐	☐	As needed
d. Pick up Post Office box mail	☐	☐	☐	☒	
e. Pick up general delivery mail	☐	☐	☐	☒	
f. Buying money orders	☐	☒	☐	☐	
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☐	As needed
h. Sending Express Mail	☐	☐	☐	☐	As needed
i. Buying stamp-collecting material	☐	☐	☐	☒	

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☒ YES	☐ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO
If yes, please explain:		
d. Using public bulletin board	☒ YES	☐ NO
e. Other	☐ 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, please explain: Shrewsbury, North Norwich, Norwich

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping _____

☒ Personal needs _____

☒ Banking _____

☐ Employment _____

☐ Social needs _____

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Craig A. Carrentti

Address: 11 E Main St. Smyrna, N.Y. 13464

Telephone: (607) 627-6346

Date: May 6, 2011

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.

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☐	☑	☐	☐
c. Mailing Parcels	☐	☐	☑	☐
d. Pick up Post Office box mail	☐	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☐
f. Buying money orders	☐	☐	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☐	☐	☐
i. Buying stamp-collecting material	☐	☐	☐	☐

Other Postal Services

a. Entering permit mailings ☐ YES ☐ NO

b. Resetting/using postage meter ☐ YES ☐ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☐ NO

b. Using for school bus stop ☐ YES ☐ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☐ NO

e. Other ☐ 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, please explain: I pass Sherburne Post office when I shop for Groceries get Gas

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UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping Sherburne, Norwich

☑ Personal needs Sherburne

☑ Banking Sherburne, Norwich

☐ Employment

☑ Social needs Sherburne, Norwich, Earville, and Hamilton

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

☐ Yes ☑ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name Dorothy A. Harper

Address: 205 Dunham Road - Smyrna, N.Y. 13464

Telephone: 607- 627 - 6840

Date: May 4 - 2011

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☐
h. Sending Express Mail	☐	☐	☐	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services		
a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services		
a. Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO
If yes, please explain:		
d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain: Sherburne and North Norwich when going shopping

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Sherburne, Norwich, Hamilton (out of town)

☒ Personal needs ↓ ↓ ↓ ↓

☒ Banking Norwich

☐ Employment

☒ Social needs all of these mentioned above!

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Patti Davis

Address: 212 L Hunsicker Rd Smyrna NY 13464

Telephone: ——

Date: 5/6/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☑	☐	☐	☐
c. Mailing Parcels	☐	☐	☑	☐
d. Pick up Post Office box mail	☑	☐	☐	☐
e. Pick up general delivery mail	☑	☐	☐	☐
f. Buying money orders	☐	☐	☐	☑
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☐	☑	☐
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services		
a. Entering permit mailings	☐ YES	☑ NO
b. Resetting/using postage meter	☐ YES	☑ NO

Nonpostal Services		
a. Picking up government forms (such as tax forms)	☐ YES	☑ NO
b. Using for school bus stop	☐ YES	☑ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☑ NO
If yes, please explain:		
d. Using public bulletin board	☐ YES	☑ NO
e. Other	☐ 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, please explain:

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☑ Worse

If yes, please explain: IT is NOT convenient To Pick up my Mail in Sherburne, If you close The Smyrna P.O. Then You must offer me Delivery service

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping Weekly or Bi Monthly

☐ Personal needs

☑ Banking Monthly sometimes Bi Monthly

☑ Employment

☐ Social needs

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☑ No

Name Michael Rosen

Address: P.O. Box 71 Smyrna N.Y. 13464

Telephone: 607-627-6358

Date: 5-5-11

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.

UNITED STATES POSTAL SERVICE®

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☐	☑
b. Mailing Letters	☐	☐	☐	☑
c. Mailing Parcels	☐	☐	☐	☑
d. Pick up Post Office box mail	☐	☐	☐	☑
e. Pick up general delivery mail	☐	☐	☐	☑
f. Buying money orders	☐	☐	☐	☑
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☐	☐	☑
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings ☐ YES ☑ NO

b. Resetting/using postage meter ☐ YES ☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☑ NO

b. Using for school bus stop ☐ YES ☑ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☑ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☑ NO

e. Other ☐ 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, please explain: Pass Norwich, NY

at least 2 times a day

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☐ Banking _____

☐ Employment _____

☐ Social needs _____

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

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: _____

Address: _____

Telephone: _____

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☒	☐	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☒	☐	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☒	☐
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☒	☐	☐

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO

If yes, please explain: _____

d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain: But Smyrna is the best

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UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping _____

☒ Personal needs _____

☒ Banking _____

☒ Employment _____

☒ Social needs _____

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Rachel Baker

Address: 18 West Union St Smyrna NY 13464

Telephone 607 226-1067

Date: 5-6-11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following.

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☐	☒
b. Mailing Letters	☐	☐	☐	☒
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☐ NO
b. Resetting/using postage meter	☐ YES	☐ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO
If yes, please explain:		
d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain: North Norwich Post Office

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping norwich

☐ Personal needs norwich

☐ Banking norwich

☐ Employment norwich / Sherburne

☐ Social needs norwich / Sherburne

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

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name Randy + Lisa Mullin

Address: 175 Sherburne 4 Crns RD Smyrna NY 13464

Telephone: 607-334-7639

Date: 5-04-2011

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☑	☐	☐
b. Mailing Letters	☑	☐	☐	☐
c. Mailing Parcels	☐	☐	☑	☐
d. Pick up Post Office box mail	☐	☐	☑	☐
e. Pick up general delivery mail	☐	☐	☑	☐
f. Buying money orders	☐	☐	☑	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☑	☐	☐
h. Sending Express Mail	☐	☐	☐	☑
i. Buying stamp-collecting material	☐	☑	☐	☐

Other Postal Services

a. Entering permit mailings	☐ YES	☑ NO
b. Resetting/using postage meter	☐ YES	☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☑ YES	☐ NO
b. Using for school bus stop	☑ YES	☐ NO
c. Assisting senior citizens, persons with disabilities, etc.	☑ YES	☐ NO
If yes, please explain: [illegible]		
d. Using public bulletin board	☑ YES	☐ NO
e. Other	☐ 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, please explain:

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☑ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☑ Banking _____

☐ Employment _____

☐ Social needs _____

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☑ Yes ☐ No

Name: [illegible]

Address: 152 [illegible] Hill Rd [illegible] NY 13464

Telephone: 607-627-6856

Date: 5/6/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☒	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☐
e. Pick up general delivery mail	☒	☐	☐	☐
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO

If yes, please explain: _____

d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain: I'm Not Sure of the difference between Carrier delivery and General delivery, However For Same day Service To Post Packages or get stamps mail Certified, or Retreve Packages I go To The Post office. The Change To Sherburne Makes The Trip Stores As Long. Automotive Access To The Sherburne Post office is Not Good.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☐ Employment

☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Peter Maynard

Address: 278 Willcox Rd., Smyrna, NY 13464

Telephone: 627 6651

Date: 5/7/2011

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.

I don't See Anything Positive About this. Shortly After it occurs we will Hear how The Sherburne Post office is inadiquit And Needs Replacing. Probably will Need moving to Relieve Traffic Conjestion on Rt 80 At The Red Light. Where will The Savings come From Then. Peter Maynard, Chairman, Town of Smyrna Planning Board.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☒ YES	☐ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO
If yes, please explain:		
d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain: Smyrna

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping SHEABOYNE

☐ Personal needs [illegible]

☐ Banking SHEABOYNE / CARWILL

☒ Employment NEW BERLIN

☐ Social needs [illegible]

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: [illegible]

Address: [illegible] Davis Rd Smyrna NY [illegible]

Telephone:

Date: 5/9/11

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.

UNITED STATES POSTAL SERVICE®

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☐	☒	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☒ YES ☐ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☒ YES ☐ NO

e. Other ☐ 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, please explain: Traveling to shop in Norwich or Sherburne I pass the Sherburne or North Norwich post offices

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Norwich Sherburne

☒ Personal needs

☒ Banking

☐ Employment

☒ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Edson T. Lawrence

Address: 118 Foster Rd. Smyrna N.Y. 13464

Telephone: 607-627-6588

Date: 5/4/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☒	☐

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☒ YES ☐ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☒ YES ☐ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Homer
☐ Personal needs
☐ Banking Homer
☐ Employment [illegible]
☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name [illegible]

Address: 871 Co Rd 20 Smyrna, NY 13464

Telephone: 607-627-6658

Date: 5-6-11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☐	☒
b. Mailing Letters	☐	☐	☐	☒
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain:

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping
☒ Personal needs
☒ Banking
☒ Employment
☒ Social needs

Norwich

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

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: Teresa Sagan

Address: 562 Gray Rd Smyrna NY 13464

Telephone: 315 837 4325

Date: 5/5/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☒	☐
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☒ YES ☐ NO

e. Other ☐ YES ☒ NO

If yes, please explain: Community event postings

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, please explain: North Norwich when going to work.

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Norwich / Hamilton

☐ Personal needs

☒ Banking Norwich

☒ Employment Norwich

☒ Social needs Many places

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: David & Gina Graham

Address: 121 Howard Hill Rd Smyrna NY 13464

Telephone: 607 627 6536

Date: 5/4/11

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.

DOCKET NO. 138194-134604
ITEM NO. 22
PAGE 104

It is really quite depressing that the US government has decided rural America does not matter. It is a great injustice that the leaders of this country have decided that the people who live in the small towns do not require the services that people in the city are afforded.

Currently I am very mobile, but in 25-30 years I may not be and maybe I will need a post office closer than 6 miles away. I believe that you are not aware that many elderly live in these small rural villages and may not be able to drive or cannot afford to drive to the post office.

These decisions that are being made to eliminate post offices, will cause further revenue loss because it will prompt more people to use the computer to communicate or pay their bills online.

I truly believe this is a huge mistake. The ramifications of these actions have not been fully analyzed and the decisions are being made by people who just don't care about people.

Sincerely,

Gina Graham

Gina Graham

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☐	☐	☑	☐
c. Mailing Parcels	☐	☐	☐	☑
d. Pick up Post Office box mail	☐	☐	☐	☑
e. Pick up general delivery mail	☐	☐	☑	☐
f. Buying money orders	☐	☐	☐	☑
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☑
h. Sending Express Mail	☐	☐	☐	☑
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings ☐ YES ☑ NO

b. Resetting/using postage meter ☐ YES ☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☑ NO

b. Using for school bus stop ☐ YES ☑ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☑ NO

If yes, please explain.

d. Using public bulletin board ☐ YES ☑ NO

e. Other ☐ 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, please explain: North Norwich

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☐ Banking _____

☐ Employment _____

☐ Social needs _____

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☑ No

Name: D A Whaley

Address: 482 German Hollow Rd Smyrna NY

Telephone: 607-334-2954

Date: 5-4-2011

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following.

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☐	☒
b. Mailing Letters	☐	☐	☐	☒
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: Smyrna + North Norwich

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☐ Banking _____

☐ Employment _____

☐ Social needs _____

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

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: _____

Address: _____

Telephone _____

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☒	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☒ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping _____

☒ Personal needs _____

☒ Banking _____

☐ Employment _____

☒ Social needs _____

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: MELVIN BEECHING

Address: PO Box 13 SMYRNA, NY 13464

Telephone: 607-627-6442

Date: 5-4-11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☑	☐	☐
b. Mailing Letters	☐	☑	☐	☐
c. Mailing Parcels	☐	☐	☑	☐
d. Pick up Post Office box mail	☐	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☐
f. Buying money orders	☐	☐	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☐	☑	☐
i. Buying stamp-collecting material	☐	☐	☐	☐

Other Postal Services

a. Entering permit mailings	☐ YES	☑ NO
b. Resetting/using postage meter	☐ YES	☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☑ YES	☐ NO
b. Using for school bus stop	☐ YES	☑ NO
c. Assisting senior citizens, persons with disabilities, etc.	☑ YES	☐ NO
If yes, please explain:	pick up mail for disabled Neighbor	
d. Using public bulletin board	☑ YES	☐ NO
e. Other	☐ 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, please explain

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping
☑ Personal needs
☑ Banking
☑ Employment
☑ Social needs

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☑ No

Name: SANDRA RINK

Address: 112 FOSTER Rd SMYRNA, NY 13464

Telephone: 607-627-6442

Date 5/4/11

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.

5/4/11

I feel it is very important that we keep a open & active post office in Smyrna, NY. It is very important the the community

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☐	☐	☑	☐
c. Mailing Parcels	☐	☐	☐	☑
d. Pick up Post Office box mail	☑	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☑
f. Buying money orders	☐	☐	☐	☑
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☐	☐	☑
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings	☐ YES	☑ NO
b. Resetting/using postage meter	☐ YES	☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☑ NO
b. Using for school bus stop	☐ YES	☑ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☑ NO
If yes, please explain:		
d. Using public bulletin board	☑ YES	☐ NO
e. Other	☐ 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, please explain:

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☑ Worse

If yes, please explain: I will have to drive out of my way, adding time + mileage to my daily commute to work. With the increasing gas prices, this is terrible!

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☑ Yes ☐ No

Name: Smyrna Public Library

Address: PO Box 202 Smyrna, NY 13464

Telephone: (607) 627-6271

Date: 5/5/11

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.

UNITED STATES POSTAL SERVICE®

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following.

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☑	☐	☐
b. Mailing Letters	☑	☐	☐	☐
c. Mailing Parcels	☐	☐	☑	☐
d. Pick up Post Office box mail	☐	☐	☐	☑
e. Pick up general delivery mail	☐	☐	☑	☐
f. Buying money orders	☐	☐	☑	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☐	☐	☑
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings ☐ YES ☑ NO

b. Resetting/using postage meter ☐ YES ☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☑ NO

b. Using for school bus stop ☐ YES ☑ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☑ NO

If yes, please explain: _____

d. Using public bulletin board ☑ YES ☐ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☑ Worse

If yes, please explain: receive mail approx 2:00 - 2:30 now - Sherburne is twice the distance to travel from our house to the post office in Smyrna

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☑ Shopping: Norwich
- ☑ Personal needs: Norwich Sherburne
- ☑ Banking: same same
- ☑ Employment: ----------
- ☑ Social needs: Syracuse

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☑ Yes ☐ No

Name: Terry + Kathy Pollay

Address: 758 Beaver Meadow Rd Smyrna, N.Y. 13464

Telephone: 607-627-6769

Date: 5/4/11

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.

- Smyrna Post Office is 4.5 miles from our house.
- You want us to use Sherburne Post Office which is 8.7 miles from our house.
- Plymouth Post Office is 4.5 miles from our house.

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☐	☑	☐	☐
c. Mailing Parcels	☐	☐	☑	☐
d. Pick up Post Office box mail	☑	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☑	☐
f. Buying money orders	☐	☐	☐	☑
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☑
h. Sending Express Mail	☐	☐	☐	☑
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services		
a. Entering permit mailings	☐ YES	☑ NO
b. Resetting/using postage meter	☐ YES	☑ NO

Nonpostal Services		
a. Picking up government forms (such as tax forms)	☐ YES	☑ NO
b. Using for school bus stop	☐ YES	☑ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☑ NO
If yes, please explain:		
d. Using public bulletin board	☐ YES	☑ NO
e. Other	☐ 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, please explain:

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☐ Banking _____

☐ Employment _____

☐ Social needs _____

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

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name _____

Address _____

Telephone: _____

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☒	☐	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☒	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO

If yes, please explain: _____

d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain: Inconvenient to have carrier delivery w/ driveway location or to have PO Box at another PO. Plus inconvenience of changing mailing address

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Sherburne and Norwich

☒ Personal needs Sherburne, Hamilton, Norwich

☒ Banking Sherburne

☒ Employment: Hamilton

☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No – Probably not

Name: Candace & Robert Marston

Address: PO Box 53, SMYRNA NY 13464

Telephone: 607-627-6521

Date: 05/04/2011

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.

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I may go to Sherburne frequently but don't want to have to go there to get my mail daily.

And location of my driveway would be very inconvenient not to mention very "un safe" to have rural delivery.

If at all possible I would like to see the Post Office remain open in Smyrna NY

And with the price of gas, believe the US Postal System is asking alot of people to have to drive to use postal services.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	X			
b. Mailing Letters	X			
c. Mailing Parcels				X
d. Pick up Post Office box mail				X
e. Pick up general delivery mail			X	
f. Buying money orders			X	
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation			X	
h. Sending Express Mail			X	
i. Buying stamp-collecting material				X

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain

d. Using public bulletin board ☒ YES ☐ NO

e. Other ☐ 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, please explain:

I work from my home in Smyrna

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UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Norwich
☐ Personal needs
☒ Banking Norwich
☐ Employment
☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Casey Stackhouse

Address: 862 New Rd Smyrna NY 13464

Telephone: 607-627-9634

Date: 5/5/11

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.

I buy over 2000 stamps per month at this postoffice. Please don't close it.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☒	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☐

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☒ YES ☐ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping
☐ Personal needs
☒ Banking
☐ Employment
☒ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Viola B. Howe

Address: 9 School St P.O. Box 72

Telephone: 607-627-6212

Date: 5/5/11

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.

There are alot of Senior Citizens in the Village, who do not drive, And walk To the Post office, in Smyrna.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☐	☒	☐
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☒	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☐ NO

b. Resetting/using postage meter ☐ YES ☐ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: [illegible]

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☒ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping _____

☒ Personal needs _____

☒ Banking _____

☒ Employment _____

☒ Social needs _____

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: [illegible]

Address: P.O. Box 127 - 4 West [illegible] St., [illegible], N.Y. 13464

Telephone: 607-627-6148

Date: 5/5/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☑	☐	☐
b. Mailing Letters	☑	☐	☐	☐
c. Mailing Parcels	☐	☐	☑	☐
d. Pick up Post Office box mail	☑	☐	☐	☐
e. Pick up general delivery mail	☑	☐	☐	☐
f. Buying money orders	☐	☐	☑	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☐	☑	☐
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings	☐ YES	☑ NO
b. Resetting/using postage meter	☐ YES	☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☑ YES	☐ NO
b. Using for school bus stop	☐ YES	☐ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☐ NO

If yes, please explain: _____

d. Using public bulletin board	☑ YES	☐ NO
e. Other	☐ 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, please explain: SHERBURNE.

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UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping SHERBURNE
☐ Personal needs
☑ Banking SHERBURNE
☑ Employment SHERBURNE
☐ Social needs

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☑ Yes ☐ No

Name: TERRY L. BENNETT

Address: P.O. Box 16, Smyrna, N.Y. 13464

Telephone: 607-627-6230

Date: 5-5-11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☒	☐	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☒	☐	☐	☐
e. Pick up general delivery mail	☒	☐	☐	☐
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☒	☐

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☒ YES ☐ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Norwich, N.Y.

☐ Personal needs

☒ Banking Sherburne, N.Y.

☒ Employment West Edmeston, N.Y.

☒ Social needs Utica, N.Y.

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Charles Edmonds

Address: 2 Maple Ave. Smyrna, N.Y. 13464

Telephone: 607-627-6858

Date: May 5, 2011

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☐	☒	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain:

I pass the Sherburne office, but I try not to use this office as I do not like the people who work there. Rude people! I use the North Norwich office. People, service, and parking are very good.

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☒ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping _____

☒ Personal needs _____

☒ Banking _____

☒ Employment _____

☒ Social needs _____

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

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Boyd Vanda Moss

Address: 178 Curnoross Rd. Smyrna, N.Y. 13464

Telephone: 607-677-6741

Date: May 4, 2011

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☐	☒
b. Mailing Letters	☐	☐	☐	☒
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☒ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

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

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: Doris I. Hodge

Address: 26 West Main St., Smyrna, N.Y. 13464

Telephone:

Date: 5/5/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain:

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☐ Banking _____

☐ Employment _____

☐ Social needs _____

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

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: _____

Address: _____

Telephone: _____

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.

UNITED STATES POSTAL SERVICE®

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☐	☑	☐	☐
c. Mailing Parcels	☐	☑	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☐
f. Buying money orders	☐	☐	☐	☑
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☑	☑	☐
h. Sending Express Mail	☐	☐	☑	☐
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings ☐ YES ☑ NO

b. Resetting/using postage meter ☐ YES ☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☑ YES ☐ NO

b. Using for school bus stop ☐ YES ☑ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☑ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☑ NO

e. Other ☐ 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, please explain:

Sherburne is 11-12 miles from my home and out of my way.
Norwich P.O. is 20 "

Smyrna is convenient and only 6-7 miles from my home.

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping - Hamilton, Norwich
☑ Personal needs " "
☑ Banking Sherburne, Norwich
☑ Employment Norwich
☑ Social needs Hamilton, Utica, Syracuse

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: Debralee Foster

Address: 149 Foster Rd, Smyrna, NY 13464

Telephone: 627-6208

Date: 5-5-11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☐	☒
b. Mailing Letters	☐	☐	☐	☒
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: GO THRU SCARBORO OR Norwich Daily

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☒ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping NORWICH

☒ Personal needs NORWICH

☒ Banking SHERBURNE & NORWICH

☒ Employment NORWICH

☐ Social needs NORWICH

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

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: HARRY KUNG

Address: 171 COUNTY RD 14 SMYRNA NY 13464

Telephone: 607 627 6865

Date: 5/4/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services		
a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services		
a. Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO
If yes, please explain:		
d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain:

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping
☒ Personal needs
☒ Banking
☐ Employment
☒ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Mary Graham

Address: 834 CR 21, Smyrna, N.Y 13464

Telephone: 607 627-6263

Date: 5/5/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☒	☐	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☒	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☒	☐	☐
g. Obtaining special services including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☒	☐	☐
h. Sending Express Mail	☐	☒	☐	☐
i. Buying stamp-collecting material	☐	☒	☐	☐

Other Postal Services

a. Entering permit mailings ☒ YES ☐ NO

b. Resetting/using postage meter ☐ YES ☐ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☐ Banking _____

☐ Employment _____

☐ Social needs _____

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Mary Ann Dodge

Address: 636 County Rd Smyrna NY

Telephone: 607 - 627 - 6573

Date: 5 - 4 - 11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☐	☐	☒
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO

If yes, please explain: _____

d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain _____

Docket: [illegible]
Item Nbr: 22
Page Nbr: [illegible]

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒	Shopping	Sherburne-13460	Norwich 13815
☒	Personal needs	"	"
☒	Banking	"	
☐	Employment		
☐	Social needs		

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

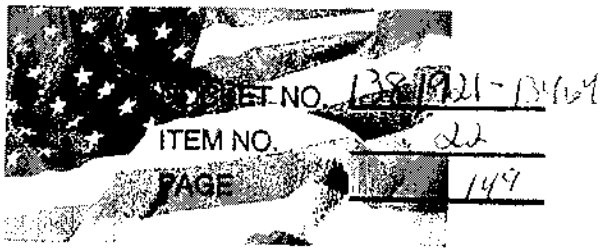
Name: Philip Nelson

Address: 129 Quaker hill Rd. Smyrna N.Y. 13464

Telephone: _____

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.



The Loss of a Past C.P.

a Special Loss

a Loss of Town History

a Loss of Town Solidarity

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☑	☐	☐
b. Mailing Letters	☐	☑	☐	☐
c. Mailing Parcels	☐	☐	☑	☐
d. Pick up Post Office box mail	☐	☐	☐	☑
e. Pick up general delivery mail	☐	☐	☐	☑
f. Buying money orders	☐	☐	☑	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☐	☐	☐
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings ☐ YES ☑ NO

b. Resetting/using postage meter ☐ YES ☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☑ YES ☐ NO

b. Using for school bus stop ☐ YES ☑ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☑ NO

If yes, please explain: _____

d. Using public bulletin board ☑ YES ☐ NO

e. Other ☐ YES ☑ NO

If yes, please explain: For community happenings

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, please explain: _____

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☑ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping _____

☐ Personal needs _____

☐ Banking _____

☐ Employment _____

☐ Social needs _____

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☑ Yes ☐ No

Name: Stephen Campbell

Address: 150 Howard Hill Rd Smyrna NY 13464

Telephone: 607-627-6243

Date: 5-4-11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☐	☒	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☒ YES ☐ NO

b. Using for school bus stop ☒ YES ☐ NO

c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☐ NO

If yes, please explain: go to post office for elder clients.

d. Using public bulletin board ☒ YES ☐ NO

e. Other ☒ YES ☐ NO

If yes, please explain: Pass Ports

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, please explain: Norwich - when I go to town

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Sherburne or Norwich

☒ Personal needs Sherburne or Norwich

☒ Banking Norwich

☒ Employment - all over

☒ Social needs all over

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ ~~No~~ most likely not!

Name: Kristy R. Combes

Address: 889 Beaver Meadow Rd. Smyrna NY 13464

Telephone: 627-6446

Date: 5/4/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☐	☒
b. Mailing Letters	☐	☐	☐	☒
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: North Norwich

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UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☒ Shopping Norwich
- ☒ Personal needs
- ☒ Banking
- ☐ Employment
- ☒ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: SHELLEY WICKHAM

Address: 582 GERMAN HOLLOW RD. SMYRNA, NY 13464

Telephone: 607-336-2834

Date: 5-5-11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☐	☒
b. Mailing Letters	☐	☐	☐	☒
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO
If yes, please explain:		
d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain: PLYMOUTH AND NORWICH

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☒ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping _____

☒ Personal needs _____

☒ Banking _____

☒ Employment _____

☒ Social needs _____

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

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: HOWARD FOGEL / SUSAN KASSEL

Address: 393 BOOS-LAKE RD, SMYRNA NY 13464

Telephone: (607) 627-6457

Date: 5/5/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☒	☐	☐	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☒	☐	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☐
f. Buying money orders	☒	☐	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☒	☐	☐	☐
h. Sending Express Mail	☒	☐	☐	☐
i. Buying stamp-collecting material	☒	☐	☐	☐

Other Postal Services		
a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services		
a. Picking up government forms (such as tax forms)	☒ YES	☐ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO
If yes, please explain:		
d. Using public bulletin board	☐ YES	☐ NO
e. Other	☐ 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, please explain:

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☒ Banking Norwich

☐ Employment _____

☐ Social needs _____

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Phillip Ozdemir

Address: 476 Hopkins Crandall

Telephone: 336-6353

Date: May 2011

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.

Closing the Smyrna Post Office is a terrible idea. It is one of the focuses of the town so if you want to destroy the town, go ahead & close it.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping _____

☒ Personal needs _____

☒ Banking _____

☐ Employment _____

☒ Social needs _____

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Donald Jones + Brenda Jones

Address: 1301 Bliven Caye Hill Rd, Smyrna, N.Y. 13464

Telephone: _____

Date: 5-5-11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain:

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping - Smyrna - Sherburne - Norwich - when needed

☒ Personal needs " " " "

☒ Banking - Sherburne - Norwich

☒ Employment Chenango Co. Madison Co.

☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name Wayne Campbell

Address: 388 County Rd 30 Smyrna, NY 13464

Telephone: - 607-627-6653

Date: 5 5 2011

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.

UNITED STATES POSTAL SERVICE®

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☐	☒	☐
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☒	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain:
So much easier to visit our local post office, Sherburne hrs would "use friendly"

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping
☐ Personal needs
☑ Banking
☑ Employment
☐ Social needs

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☑ Yes ☐ No

Name: [illegible]

Address: [illegible] 85 [illegible]

Telephone: [illegible]

Date: [illegible]

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☐	☒
b. Mailing Letters	☐	☐	☐	☒
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO
If yes, please explain:		
d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain:
Sherburne or North Norwich are more convenient for us.

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Norwich, Sherburne
☒ Personal needs " "
☒ Banking " "
☒ Employment " "
☒ Social needs " "

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

☒ Yes ☐ No Sometimes Smyrna market

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Bruce + Kathie Webster

Address: Mr. Bruce Webster
439 Sherburne Four Cors
Smyrna, NY 13464-1729

Telephone: 607-674-9662

Date: 5.4.11

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.

UNITED STATES POSTAL SERVICE®

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☒	☐	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☒	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping HAMILTON

☐ Personal needs

☒ Banking SHERBURNE

☐ Employment

☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Edward & Shirley Amlett

Address: 263 Curncross Road Smyrna N.Y. 13464

Telephone: 607-627-6247

Date: 5-4-11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☐
f. Buying money orders	☐	☐	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☐
h. Sending Express Mail	☐	☐	☐	☐
i. Buying stamp-collecting material	☐	☐	☐	☐

Other Postal Services

a. Entering permit mailings ☐ YES ☐ NO

b. Resetting/using postage meter ☐ YES ☐ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☐ NO

b. Using for school bus stop ☐ YES ☐ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☐ NO

e. Other ☐ 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, please explain: Shopping to Sherburne New York

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping Sherburne - Norwich

☑ Personal needs Norwich

☑ Banking Sherburne

☐ Employment

☐ Social needs

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

☐ Yes ☑ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: _____

Address: _____

Telephone: _____

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☐	☐	☑	☐
c. Mailing Parcels	☐	☐	☑	☐
d. Pick up Post Office box mail	☐	☐	☐	☑
e. Pick up general delivery mail	☐	☐	☐	☑
f. Buying money orders	☐	☐	☑	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☐	☐	☑
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings ☐ YES ☑ NO

b. Resetting/using postage meter ☐ YES ☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☑ NO

b. Using for school bus stop ☐ YES ☑ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☑ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☑ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping Sharburne, Norwich, Utica, Bainbridge
☑ Personal needs " " " "
☑ Banking Sharburne
☐ Employment
☑ Social needs Norwich, Sharburne

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☑ Yes ☐ No

Name: John Chrisbacher

Address: 281 Dunham Rd

Telephone:

Date: 5.5.11

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.

UNITED STATES POSTAL SERVICE®

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☒	☐	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☒	☐
e. Pick up general delivery mail	☐	☐	☒	☐
f. Buying money orders	☐	☒	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	☐	☒	☐	☐
h. Sending Express Mail	☐	☒	☐	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☒ YES	☐ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO

If yes, please explain _____

d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Syracuse or Hamilton

☐ Personal needs

☒ Banking Earlville

☐ Employment

☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Joseph Panzo

Address: 458 Graham Rd Smyrna NY 13464

Telephone: 607-627-9636

Date: 5-4-11

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.

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☒	☐
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services		
a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services		
a. Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO
If yes, please explain:		
d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain: North Nashville and Shelbyville

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping _____

☒ Personal needs _____

☒ Banking _____

☐ Employment _____

☒ Social needs _____

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Virginia Mavers + Jim Coffin

Address: 582 Co. Rd 20, ~~[illegible]~~ Smyrna, N.Y. 13464

Telephone: 845-765-3259

Date: 5/5/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☐	☒	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☒	☐
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services		
a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services		
a. Picking up government forms (such as tax forms)	☒ YES	☐ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☒ YES	☐ NO
If yes, please explain.		
d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain: Sherburne – North Norwich

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Norwich - Sherburne

☐ Personal needs

☒ Banking Sherburne

☒ Employment Morris

☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Sherry, James Brooks

Address: 114 [redacted] - Hunsicker RD

Telephone: 607 627 - 6550

Date: 5-4-11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☐	☑
b. Mailing Letters	☐	☐	☐	☑
c. Mailing Parcels	☐	☐	☐	☑
d. Pick up Post Office box mail	☐	☐	☐	☑
e. Pick up general delivery mail	☐	☐	☐	☑
f. Buying money orders	☐	☐	☐	☑
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☑
h. Sending Express Mail	☐	☐	☐	☑
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings ☐ YES ☑ NO

b. Resetting/using postage meter ☐ YES ☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☑ NO

b. Using for school bus stop ☐ YES ☑ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☑ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☑ NO

e. Other ☐ 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, please explain: N. Smyrna

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping Norwich, Sherburne, Hamilton, Utica
☑ Personal needs " " " "
☑ Banking "
☐ Employment retired + self employed
☑ Social needs " " " "

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

☐ Yes ☑ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: Victor & Bonnie Shadel

Address: 160 Brookins Rd. Smyrna, NY 13464

Telephone: 607-336-7347

Date: 5/4/11

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.

UNITED STATES POSTAL SERVICE®

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☐	☒
b. Mailing Letters	☐	☐	☐	☒
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: North Norwich Post Office

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping
☐ Personal needs
☒ Banking
☐ Employment
☒ Social needs

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

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Mr. & Mrs. Larry Hall Sr.

Address: 504 Sherburne 4 Corners Rd. Smyrna, Ny 13464

Telephone: 607-674-5810

Date: 5/3/11

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.

(1-G.) Did pick up Big Package from Tingerhut once. Inside's north now the post office is open early in the morning and stays open most of the Day. just closed from noon - one.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☒ YES ☐ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain _____

d. Using public bulletin board ☐ YES ☐ NO

e. Other ☐ 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, please explain _____

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☐ Banking _____

☐ Employment _____

☐ Social needs _____

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

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: _____

Address: _____

Telephone: _____

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☒	☐	☐	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☒	☐	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☒	☐	☐	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☒ YES ☐ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: North Norwich

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping _____

☒ Personal needs _____

☒ Banking _____

☐ Employment _____

☒ Social needs _____

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

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Richard & Elizabeth Law Melinda Beck

Address: 262 County Rd 20

Telephone: 607-674-9584

Date: 5/4/2011

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☐	☒
b. Mailing Letters	☐	☐	☐	☒
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO

If yes, please explain: _____

d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping — use Norwich for most needs
☐ Personal needs — ~~banking, shopping + employment~~
☐ Banking — ~~do most things on my lunch~~
☐ Employment — time.
☐ Social needs

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

☐ Yes ☒ No — work in Norwich use that postoffice when mailing packages

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: Tina Wright

Address: 119 Jones-Peck Rd, Smyrna, NY 13464

Telephone: 607-334-5855

Date: 5/5/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☐	☐
b. Mailing Letters	☐	☐	☐	☐
c. Mailing Parcels	☐	☐	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☐
f. Buying money orders	☐	☐	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☐
h. Sending Express Mail	☐	☐	☐	☐
i. Buying stamp-collecting material	☐	☐	☐	☐

Other Postal Services

a. Entering permit mailings ☐ YES ☐ NO

b. Resetting/using postage meter ☐ YES ☐ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☐ NO

b. Using for school bus stop ☐ YES ☐ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☐ NO

e. Other ☐ 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, please explain: [illegible] Post Office

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping [illegible] NY
☑ Personal needs [illegible] NY
☑ Banking [illegible] NY
☐ Employment Retired
☑ Social needs [illegible] NY

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☑ Yes ☐ No

Name: [illegible]

Address: [illegible] RD [illegible] NY [illegible]

Telephone: [illegible]

Date: [illegible]

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
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c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☒	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: plymouth P.O. or Shelburne N.Y.

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____
☐ Personal needs _____ Norwich, NY.
☐ Banking _____
☐ Employment _____
☐ Social needs _____

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

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: James + Debra White

Address: 554 Hopkins Crandall Rd. Smyrna, N.Y. 13464

Telephone: 607-627-6531

Date: 5-4-11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
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c. Mailing Parcels	☐	☐	☒	☐
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e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☒ YES ☐ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☒ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping
☒ Personal needs
☒ Banking
☒ Employment
☒ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Donald & Melissa Fairbanks

Address: 6330 Cnty Rd. 20

Telephone: NA

Date: 5-4-11

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.

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UNITED STATES POSTAL SERVICE®

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☒	☐	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☒	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☒	☐
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☒ YES ☐ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☐ NO

If yes, please explain: I am Disabled and ride a scooter to post office

d. Using public bulletin board ☒ YES ☐ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Hamilton
☒ Personal needs Sherburne
☐ Banking
☐ Employment
☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name Pamela Donnelly

Address: 4 South St. Smyrna N.Y

Telephone: 607-627-7013

Date: 5-4-11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☒	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☐
f. Buying money orders	☐	☐	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☐
h. Sending Express Mail	☐	☐	☐	☐
i. Buying stamp-collecting material	☐	☐	☐	☐

Other Postal Services

a. Entering permit mailings ☐ YES ☐ NO

b. Resetting/using postage meter ☐ YES ☐ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☐ NO

b. Using for school bus stop ☐ YES ☐ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☐ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☒ Banking Smyrna does not have a bank

☐ Employment _____

☐ Social needs _____

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: _____

Address: _____

Telephone: _____

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.

We Think The Smyrna Post office should stay in Smyrna
we have a very nice post master Rick collins And a very nice mail carrier Kevin.
we live 10 miles from sherburne with The price of gas That is very in convenient for us To get stamps And mail Things or pick up packages because we Are on a fixed income Social Security.
we don't live That far from our post office
you can't ask for any better service from our 2 men.
So please keep our Post office in Smyrna
Thank you very much

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UNITED STATES POSTAL SERVICE®

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☐	☐	☑	☐
c. Mailing Parcels	☐	☐	☐	☑
d. Pick up Post Office box mail	☐	☐	☑	☐
e. Pick up general delivery mail	☐	☐	☐	☑
f. Buying money orders	☐	☐	☐	☑
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☐	☑	☐
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings ☐ YES ☑ NO

b. Resetting/using postage meter ☐ YES ☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☑ YES ☐ NO

b. Using for school bus stop ☐ YES ☑ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☑ NO

If yes, please explain _____

d. Using public bulletin board ☐ YES ☑ NO

e. Other ☐ 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, please explain _____

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping Norwich, NY

☑ Personal needs Norwich, NY

☑ Banking Sherburne, NY

☑ Employment Retired

☐ Social needs Smyrna, NY

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

☐ Yes ☑ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: _____

Address: _____

Telephone: _____

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☐	☑	☐	☐
c. Mailing Parcels	☐	☐	☐	☑
d. Pick up Post Office box mail	☐	☐	☐	☑
e. Pick up general delivery mail	☐	☐	☐	☑
f. Buying money orders	☐	☐	☑	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☐	☐	☑
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings	☐ YES	☑ NO
b. Resetting/using postage meter	☐ YES	☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☑ NO
b. Using for school bus stop	☐ YES	☑ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☑ NO

If yes, please explain: _____

d. Using public bulletin board	☐ YES	☑ NO
e. Other	☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☑ Shopping — Norwich
- ☑ Personal needs — Norwich
- ☑ Banking — Sherburne
- ☑ Employment — Dont
- ☐ Social needs — Norwich

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☑ No

Name: Harold & Peggy Fleming

Address: 237 Stowell Rd

Telephone: 607-627-6568

Date: 5/5/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☐	☒
b. Mailing Letters	☐	☐	☐	☒
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☒	☐
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services		
a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services		
a. Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO
If yes, please explain:		
d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain: pass North Norwich or Sherburne post offices when going to/from work

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Norwich, Sherburne, New Hartford,

☐ Personal needs

☒ Banking Norwich and Sherburne

☒ Employment Norwich

☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Cindy + Jason Maynard

Address: 218 Dunham Rd, Smyrna NY 13464

Telephone:

Date: 5/7/2011

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☒	☐	☐	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☒	☐	☐	☐
d. Pick up Post Office box mail	☒	☐	☐	☐
e. Pick up general delivery mail	☒	☐	☐	☐
f. Buying money orders	☒	☐	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☒	☐	☐	☐
h. Sending Express Mail	☒	☐	☐	☐
i. Buying stamp-collecting material	☒	☐	☐	☐

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO
If yes, please explain:		
d. Using public bulletin board	☒ YES	☐ NO
e. Other	☐ 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, please explain:

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UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☐ Banking _____

☐ Employment _____

☐ Social needs _____

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: _____

Address: _____

Telephone: _____

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.

The Post Offices in Smyrna is a Rural Post Office. You Need To Close The Post Offices in The Big cities They Have Transportation so They can Together Post Offices

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☐	☒
b. Mailing Letters	☐	☐	☐	☒
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: I pass and use the Post office in DeRuyter for stamps and the Post office in Norwich for special services (g)

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Norwich, Syracuse
☒ Personal needs " "
☒ Banking "
☒ Employment De Ruyter
☒ Social needs Norwich

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

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: Sarah Waters

Address: 616 Reit Rd Smyrna NY 13464

Telephone: 315-837-9633

Date: 5/8/11

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.

We do not live in the village of Smyrna and use the local businesses very rarely.

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☑	☐	☐	☐
c. Mailing Parcels	☐	☐	☑	☐
d. Pick up Post Office box mail	☑	☐	☐	☐
e. Pick up general delivery mail	☑	☐	☐	☐
f. Buying money orders	☐	☐	☐	☑
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☐	☑	☐
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings	☐ YES	☑ NO
b. Resetting/using postage meter	☐ YES	☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☑ NO
b. Using for school bus stop	☐ YES	☑ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☑ NO

If yes, please explain: _____

d. Using public bulletin board	☐ YES	☑ NO
e. Other	☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☑ Worse

If yes, please explain: Much more convenient to pick up or send mail whenever desired

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑	Shopping	Sherburne, Norwich, Syracuse
☑	Personal needs	Same as above
☑	Banking	Sherburne
☐	Employment	retired
☑	Social needs	Varied locations

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☑ Yes ☐ No

Name: Larry G. Franks + Alice W. Franks

Address: PO Box 17, Smyrna, NY 13464

Telephone: (607) 627-6575

Date: 5/9/11

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.

We are extremely concerned about the potential loss of services and convenience if we lose the post office in our community.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☒	☐	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☒	☐	☐	☐
e. Pick up general delivery mail	☒	☐	☐	☐
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☒ YES	☐ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO

If yes, please explain: _____

d. Using public bulletin board	☒ YES	☐ NO
e. Other	☐ 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, please explain: _____

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UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain: Need to get mail daily for the Village business

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping some but not every day
☒ Personal needs " " " "
☒ Banking
☐ Employment
☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No Probably not as much - it would make us a ghost town

I figure if the P.O. closes the store will soon si to +

Name: Village of Smyrna Joyce Ann Fuller Clerk/Treasurer

Address: P.O Box 25, Smyrna NY 13464

Telephone 607 - 627 - 6202

Date: 5/8/11

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.

It would be very inconvenient for me as Village Clerk because I get certified, register mail at least 1 a week. I also have to mail a 100 + some envelopes 5 or more times a year & every month about 20.

I will be to your meeting on the 19th of May - Smyrna has had a Post office since I can remember as I was born + have lived all my life - 76 years. So please keep our Post Office open. Rick Collins is very good P Master.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☐	☐	☑	☐
c. Mailing Parcels	☐	☐	☑	☐
d. Pick up Post Office box mail	☐	☐	☐	☑
e. Pick up general delivery mail	☐	☐	☐	☑
f. Buying money orders	☐	☐	☑	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☐
h. Sending Express Mail	☐	☐	☐	☐
i. Buying stamp-collecting material	☐	☐	☐	☐

Other Postal Services

a. Entering permit mailings	☐ YES	☑ NO
b. Resetting/using postage meter	☐ YES	☐ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☑ NO
b. Using for school bus stop	☐ YES	☑ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☑ NO
If yes, please explain:		
d. Using public bulletin board	☐ YES	☑ NO
e. Other	☐ 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, please explain:

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UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Sherburne, Norwich

☐ Personal needs Norwich

☐ Banking " "

☐ Employment —

☐ Social needs " "

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

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: Mary Alice Whitney

Address: 543 Cty. Rd. 20 Smyrna NY 13464

Telephone: 657-6267

Date: 5/9/11

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.

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☒	☐	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☐	☐	☒	☐
e. Pick up general delivery mail	☐	☐	☒	☐
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☐
i. Buying stamp-collecting material	☐	☐	☒	☐

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☒ YES	☐ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☒ YES	☐ NO
If yes, please explain:		
d. Using public bulletin board	☒ YES	☐ NO
e. Other	☐ 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, please explain:

Sometimes use Smith Norwich when going Shopping

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping _____

☒ Personal needs _____

☒ Banking _____

☐ Employment _____

☐ Social needs _____

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Marvin Teft

Address: 162 County Rd 30

Telephone: 607-637-6642

Date: Smyrna NY 13464

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☒	☐	☐
d. Pick up Post Office box mail	☒	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☒	☐
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☒ YES	☐ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO
If yes, please explain:		
d. Using public bulletin board	☒ YES	☐ NO
e. Other	☐ 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, please explain:

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UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain: Sherburne is too far & very busy.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping
☐ Personal needs
☐ Banking
☐ Employment
☒ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: Molly Khary

Address: PO Box 5 Smyrna, NY 13464

Telephone: (607) 627-6756

Date: 5/8/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☒	☐	☐
d. Pick up Post Office box mail	☒	☐	☐	☐
e. Pick up general delivery mail	☐	☒	☐	☐
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☒	☐	☐
h. Sending Express Mail	☐	☒	☐	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☒ YES	☐ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO
If yes, please explain:		
d. Using public bulletin board	☐ YES	☐ NO
e. Other	☐ 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, please explain:

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☒ Banking _____

☐ Employment _____

☐ Social needs _____

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No Not as much

Name: Reed Graphics, LLC

Address: PO Box 21 Smyrna, NY 13464

Telephone: (607) 627-6756

Date: 5/8/11

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.

UNITED STATES POSTAL SERVICE®

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☒	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: Sherburne

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☒ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: Mailman goes by house

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping - Sherburne
☒ Personal needs Sherburne
☒ Banking Sherburne
☒ Employment Sherburne
☒ Social needs Sherburne

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Floyd L. Fox

Address: P.O. Box 138 - 24 east main Smyrna NY 13464

Telephone: 607-627-6686

Date: 5-8-11

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.

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☒	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☐
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☐ NO

b. Using for school bus stop ☐ YES ☐ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain: _____

d. Using public bulletin board ☒ YES ☐ NO

e. Other ☐ 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 please explain: [illegible]

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☐ Banking _____

☐ Employment _____

☐ Social needs _____

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

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name _____

Address: _____

Telephone _____

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☑	☐	☐
b. Mailing Letters	☑	☐	☐	☐
c. Mailing Parcels	☐	☐	☑	☐
d. Pick up Post Office box mail	☑	☐	☐	☐
e. Pick up general delivery mail	☑	☐	☐	☐
f. Buying money orders	☐	☐	☐	☑
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☐	☑	☐
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services		
a. Entering permit mailings	☐ YES	☑ NO
b. Resetting/using postage meter	☐ YES	☑ NO

Nonpostal Services		
a. Picking up government forms (such as tax forms)	☑ YES	☐ NO
b. Using for school bus stop	☐ YES	☑ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☑ NO
If yes, please explain:		
d. Using public bulletin board	☐ YES	☑ NO
e. Other	☐ 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, please explain:

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☑ Shopping NORWICH NY
- ☐ Personal needs
- ☑ Banking SHERBURNE NY
- ☑ Employment NORWICH NY
- ☐ Social needs

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☑ No

Name DOUGLAS DUDGEON

Address: PO BOX 101 SMYRNA NY 13464

Telephone: 607 627 6392

Date: 5/8/11

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.

DEAR SIR OR MS.,

I THINK IT WOULD BE A BAD IDEA TO CLOSE THE SMYRNA N.Y. POST OFFICE AS QUITE A FEW, IF NOT MANY OF THE OFFICE'S CUSTOMERS ARE ELDERLY PEOPLE WHO LIVE IN CLOSE PROXIMITY TO IT. MAKING THEM HAVE TO USE ANOTHER POST OFFICE WOULD BE DIFFICULT FOR THEM.

THERE ARE ALSO A NUMBER OF HANDICAPPED SMYRNA RESIDENTS.

LOCAL BUSINESSES WILL SUFFER ALSO IF THE P.O. IS CLOSED.

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www.ddal.org

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☐	☑
b. Mailing Letters	☐	☑	☐	☐
c. Mailing Parcels	☐	☐	☐	☑
d. Pick up Post Office box mail	☐	☐	☐	☑
e. Pick up general delivery mail	☐	☑	☑	☐
f. Buying money orders	☐	☐	☐	☑
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☑
h. Sending Express Mail	☐	☐	☐	☑
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings	☐ YES	☑ NO
b. Resetting/using postage meter	☐ YES	☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☑ NO
b. Using for school bus stop	☐ YES	☑ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☑ NO

If yes, please explain: _____

d. Using public bulletin board	☐ YES	☑ NO
e. Other	☐ 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, please explain: do not drive

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping _____

☐ Personal needs _____

☑ Banking _____

☐ Employment _____

☐ Social needs _____

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

☐ Yes ☑ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: Bernice Whaley

Address: 474 German Hollow Smyrna NY 13464

Telephone:

Date: 5-6-11

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.

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO
If yes, please explain:		
d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain: Shop in Hamilton, N.Y. - Georgetown, N.Y. Sherburne, N.Y. & Norwich, N.Y.

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐	Shopping	Ham, N.Y. Norwich, N.Y. Sherburne, N.Y. Georgetown, N.Y.
☐	Personal needs	" " " "
☐	Banking	
☐	Employment	
☐	Social needs	" " " "

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Marcella A. Morrison

Address: 106 Bisby Road Smyrna, New York 13464

Telephone: 607 627-9646

Date: May 7, 2011

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☐	☐	☑	☐
c. Mailing Parcels	☐	☐	☑	☐
d. Pick up Post Office box mail	☐	☐	☐	☑
e. Pick up general delivery mail	☐	☐	☐	☑
f. Buying money orders	☐	☐	☐	☑
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☐	☐	☑
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings	☐ YES	☑ NO
b. Resetting/using postage meter	☐ YES	☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☑ YES	☐ NO
b. Using for school bus stop	☐ YES	☑ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☑ NO

If yes, please explain: _____

d. Using public bulletin board	☐ YES	☑ NO
e. Other	☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping Norwich

☑ Personal needs "

☑ Banking "

☑ Employment "

☑ Social needs "

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☑ Yes ☐ No

Name Gerrard Burrs

Address: 103 Quaker Hill

Telephone. 607-627-6628

Date. 5-8-11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☐	☐
b. Mailing Letters	☐	☐	☐	☐
c. Mailing Parcels	☐	☐	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☐
f. Buying money orders	☐	☐	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☐
h. Sending Express Mail	☐	☐	☐	☐
i. Buying stamp-collecting material	☐	☐	☐	☐

Other Postal Services

a. Entering permit mailings ☐ YES ☐ NO

b. Resetting/using postage meter ☐ YES ☐ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☐ NO

b. Using for school bus stop ☐ YES ☐ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☑ NO

e. Other ☐ 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, please explain _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒	Shopping	Norwich	Sherburne
☒	Personal needs	"	"
☒	Banking	Norwich -	
☐	Employment	self	home
☐	Social needs	"	"

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

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: ~~Sharo~~ Sharon + Donald Boise

Address: 554 County Rt. 20

Telephone:

Date: May 9, 2011

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.

S + S feed.
feed Store
use any way.

UNITED STATES POSTAL SERVICE®

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☒	☐
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain. ~~[illegible]~~

ON MY WAY TO WORK IN Sherburne NY

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping
☐ Personal needs
☒ Banking
☒ Employment
☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Charles M. Shedd

Address: 487 Graham RD Smyrna N.Y. 13464

Telephone: (607) 627-6641

Date: 5-6-11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps } see back	☐	☐	☐	☐
b. Mailing Letters	☐	☐	☐	☐
c. Mailing Parcels	☐	☐	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail - see back	☐	☐	☐	☐
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain:
We pass Sherburne Post Office more often.

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping
☒ Personal needs
☒ Banking
☐ Employment retired
☒ Social needs

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

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name William and Pamela Lake

Address: 514 German Hollow Road Smyrna NY

Telephone: 607-336-4853

Date: 5-6-11

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.

We left a, b, c and e blank on the front because we do these occasionally in Smyrna.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☐	☒	☐
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: we go passed the N. Norwich PO

We already have the rural delivery

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☒ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping Oneida or Utica area
☑ Personal needs Oneida or Hamilton
☑ Banking Norwich
☑ Employment Norwich
☐ Social needs

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

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: Mr. & Mrs. William Eggleston

Address: 153 Brooking Rd. Smyrna, N.Y. 13464

Telephone: 607-334-6505

Date: 5/9/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☐	☑	☐	☐
c. Mailing Parcels	☐	☐	☑	☐
d. Pick up Post Office box mail	☐	☐	☐	☑
e. Pick up general delivery mail	☐	☐	☐	☑
f. Buying money orders	☐	☐	☐	☑
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☐	☐	☑
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings ☐ YES ☑ NO

b. Resetting/using postage meter ☐ YES ☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☑ YES ☐ NO

b. Using for school bus stop ☐ YES ☑ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☑ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☑ NO

e. Other ☐ 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, please explain:
Sherburne for shopping; North Norwich for shopping; City of Norwich for shopping

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping - Norwich, Sherburne

☑ Personal needs Norwich

☑ Banking Norwich

☐ Employment N/A

☑ Social needs Sherburne

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☑ Yes ☐ No

Name Alan & Debra Schook

Address 1019 Boos Low Rd

Telephone (607) 627-6715

Date: 5-04-11

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.

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☐	☐
b. Mailing Letters	☒	☒	☒	☐
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☐

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: [illegible]

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☐ Banking _____

☐ Employment _____

☐ Social needs _____

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

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: _____

Address: _____

Telephone: _____

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☐

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☒ YES ☐ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: [illegible]

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ YES ☐ NO

If yes, please explain: [illegible]

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, please explain: [illegible]

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: [illegible]

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping [illegible]

☒ Personal needs [illegible]

☒ Banking [illegible]

☐ Employment [illegible]

☒ Social needs [illegible]

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

☒ Yes ☐ No [illegible]

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: [illegible]

Address: [illegible]

Telephone: [illegible]

Date: [illegible]

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☒	☐

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain Sherburne Post office

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Sherburne

☒ Personal needs "

☒ Banking "

☒ Employment "

☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Nicholas Federici

Address: 253 Foster Road Smyrna NY 13464

Telephone: 607 627-6708

Date: 5/5/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☐	☒	☐
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☒	☐	☐	☐
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO
If yes, please explain:		
d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain: I pass Shelburne Post office going to work + North Norwich Post going shopping

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☒ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping _____

☒ Personal needs _____

☒ Banking _____

☒ Employment _____

☐ Social needs _____

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Cheryl & Justin Saylor

Address: 671 State Rte 80, Smyrna NY 13464

Telephone:

Date: 5/6/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☐	☒	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☒	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☒ YES	☐ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☒ YES	☒ NO

If yes, please explain: _____

d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☒ No Opinion ☐ Worse

If yes, please explain. BUT I DO NOT KNOW ABOUT SECURITY

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping SHERRUANE

☐ Personal needs

☒ Banking SHERRUANE

☐ Employment

☒ Social needs NORWICH

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: BRENT LIVINGSTON

Address: PO BOX 125 1 SOUTH ST SAYANA N.Y

Telephone:

Date: 5/10/2011

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☒	☐
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☐ as needed less than monthly
h. Sending Express Mail	☐	☐	☐	☐ more than never
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☒ YES ☐ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain.

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: not on a regular basis

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☒ Banking Sherburne, NY

☒ Employment As a self-employed carpenter, I travel extensively.

☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name Bentley Lund

Address 881 County Rd. 20 Smyrna, NY 13464

Telephone (607) 627-6335

Date: 5/09/2011

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.

Why not close a Post Office such as South Plymouth before Smyrna? Essentially, South Plymouth is Norwich, and certainly closer to the Plymouth Post Office than Smyrna is to Sherburne. Wouldn't this make more sense?

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☐	☐
b. Mailing Letters	☐	☐	☐	☑
c. Mailing Parcels	☐	☐	☑	☐
d. Pick up Post Office box mail	☐	☐	☐	☑
e. Pick up general delivery mail	☐	☐	☐	☑
f. Buying money orders	☐	☐	☐	☑
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☐	☑	☐
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings	☐ YES	☑ NO
b. Resetting/using postage meter	☐ YES	☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☑ NO
b. Using for school bus stop	☐ YES	☑ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☑ NO
If yes, please explain:		
d. Using public bulletin board	☐ YES	☑ NO
e. Other	☐ 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, please explain: NORTH NORWICH, SHERBORNE NORWICH

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping NORWICH, SHERBURNE
☑ Personal needs NORWICH
☑ Banking NORWICH
☑ Employment SYRACUSE, NORWICH
☑ Social needs

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☑ Yes ☐ No

Name: PATRICK K MATTESON

Address: 104 FLAT IRON RD SMYRNA

Telephone: 607-627-6224

Date: 5-8-11

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.

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following.

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☒	☐	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☒	☐	☐	☐
d. Pick up Post Office box mail	☒	☐	☐	☐
e. Pick up general delivery mail	☒	☐	☐	☐
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☒	☐	☐
h. Sending Express Mail	☐	☒	☐	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☒ YES ☐ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: _____

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UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain: Too far to drive daily to Sherburne

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Mike Vaughan Manager Bailie Lumber Co.

Address: PO Box 24 Smyrna NY 13464

Telephone: 607-627 6547

Date: 5-12-11

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.

We are not offered delivered mail ~~[illegible]~~ due to our location. It would be a hard trip to drive 6 miles to Sherburne daily to pick up our mail

UNITED STATES POSTAL SERVICE®

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☐	☒
b. Mailing Letters	☐	☐	☒	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain _____

The North Norwich P.O. is 1 1/2 miles from my house on the way to frequent trips to Norwich. The Smyrna P.O. is 4 1/2 miles and the Sherburne P.O. is 5 miles from my house. I send about 200 packages (eBay) a year through the North Norwich P.O.

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Norwich

☒ Personal needs Norwich

☒ Banking Norwich

☐ Employment

☐ Social needs

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

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name Gary W Schieffer

Address: 299 Sherburne 4 Corners Rd, Smyrna, NY 13464

Telephone: 607 334 5886

Date: 9 May 2011

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.

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following.

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☐
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☒ YES ☐ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☐ NO

If yes, please explain: using wheel chair

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain. Sherburn, North Norwich

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UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping Sherburne, Norwich

☐ Personal needs Doctors office

☐ Banking Sherburne

☐ Employment Retired

☐ Social needs ——

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Nelson & Dixie L. Moore

Address: 611 State Hwy 80 Smyrna NY 13464

Telephone: 607-627-6204

Date: 5/10/11

Once in a while we use Sherburne P.O. you ~~have~~ need more parking there.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following.

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☑	☑	☐
b. Mailing Letters	☐	☑	☐	☐
c. Mailing Parcels	☐	☐	☑	☐
d. Pick up Post Office box mail	☐	☐	☐	☑
e. Pick up general delivery mail	☑	☐	☐	☐
f. Buying money orders	☐	☐	☐	☑
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☐	☐	☑
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings ☐ YES ☑ NO

b. Resetting/using postage meter ☐ YES ☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☑ YES ☐ NO

b. Using for school bus stop ☐ YES ☑ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain: _____

d. Using public bulletin board ☑ YES ☐ NO

e. Other ☐ 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, please explain: _____

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UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping but only 2 times per month

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☑ No

Name: Sally Stackhouse

Address: 126 Stowell Rd. Smyrna, NY. 13464

Telephone:

Date: 5/10/11

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.

UNITED STATES POSTAL SERVICE®

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☐	☐	☒
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☒	☐	☐	☐
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: Once a week or when needed

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping SHERBURNE, NY

☒ Personal needs

☒ Banking

☐ Employment

☐ Social needs

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

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: MILDRED TRADWAY

Address: 107 CAMPBELL LN SMYRNA NY 13464

Telephone: (607) 627-6433

Date: 5-6-11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following.

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☐	☑	☐	☐
c. Mailing Parcels	☐	☐	☑	☐
d. Pick up Post Office box mail	☑	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☑	☐
f. Buying money orders	☐	☐	☐	☑
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☐	☐	☑
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings	☐ YES	☑ NO
b. Resetting/using postage meter	☐ YES	☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☑ YES	☐ NO
b. Using for school bus stop	☐ YES	☑ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☑ NO
If yes, please explain		
d. Using public bulletin board	☐ YES	☑ NO
e. Other	☐ 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, please explain.

to + from work, shopping & general traveling

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping Norwich

☐ Personal needs

☐ Banking

☑ Employment varies

☐ Social needs

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☑ No

Name: Lorraine Giroux + David

Address: PO Box 59 Smyrna

Telephone: 627-6609

Date: 5-6-11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following.

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☒	☐	☐	☐
e. Pick up general delivery mail	☐	☒	☐	☐
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage mater ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☒ YES ☐ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: _____

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UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping _____

☒ Personal needs _____

☒ Banking _____

☐ Employment _____

☐ Social needs _____

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

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Deborah Thorpe

Address: PO Box 163 Smyrna, NY 13464

Telephone: 607-627-6752

Date: 5/9/11

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.

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I have never had mail delivery by a carrier. Due to me working around the corner from the Smyrna Post Office it was a convienccy for me, however if the office closes I will be forced to set up home delivery.
The Smyrna office is truely needed. many older people depend on it.

Please reconsitue the closing

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☑	☐	☐	☐
c. Mailing Parcels	☐	☑	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☑
e. Pick up general delivery mail	☐	☐	☑	☐
f. Buying money orders	☐	☐	☑	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☐	☑	☐
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings	☐ YES	☑ NO
b. Resetting/using postage meter	☐ YES	☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☑ YES	☐ NO
b. Using for school bus stop	☐ YES	☑ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☑ NO

If yes, please explain: _____

d. Using public bulletin board	☑ YES	☐ NO
e. Other	☐ 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, please explain: _____

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UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain. _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping Norwich and Smyrna

☑ Personal needs Norwich

☑ Banking Norwich

☐ Employment

☑ Social needs Smyrna

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☑ No

Name Jack White

Address: 682 Herman Hollow Rd Smyrna, NY 13464

Telephone: 607 334 3995

Date: 5/7/11

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.

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☒ YES	☐ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO
If yes, please explain:		
d. Using public bulletin board	☒ YES	☐ NO
e. Other	☐ YES	☒ NO
If yes, please explain: Announcing Events		

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, please explain:

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UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Smyrna + Sherburne + Norwich

☒ Personal needs Same

☒ Banking Norwich

☒ Employment Sherburne

☒ Social needs Same

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Marguerite Whaley

Address: 601 German Hollow Rd Smyrna NY 13464

Telephone: 607 - 336 - 5626

Date: 5/6/11

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.

This post office is utilized by many who do not have transportation or are elderly and look forward to the only time to get out of their house into the community because its close to home. Financially keeping this post office open may be a burden but adding another postal route for delivery, for another post office may be just as big a burden.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☐	☐	☑	☐
c. Mailing Parcels	☐	☐	☐	☑
d. Pick up Post Office box mail	☐	☐	☐	☑
e. Pick up general delivery mail	☐	☐	☐	☑
f. Buying money orders	☐	☐	☐	☑
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☑
h. Sending Express Mail	☐	☐	☐	☑
i. Buying stamp-collecting material	☐	☐	☒	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain:

don't have to go out of the way I pass right by it to go to work.

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping
☑ Personal needs
☑ Banking
☑ Employment
☑ Social needs

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☑ Yes ☐ No

Name Gene / Gail K. Nelson

Address 631 Cty. Rd 20 Smyrna, N.Y. 13464

Telephone 607-627-6291

Date 5/5/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☐	☒	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☒	☐	☐	☐
e. Pick up general delivery mail	☒	☐	☐	☐
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☐ NO

If yes, please explain: The Smyrna Post Office [illegible]

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain _____

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain. The post office box I use is the only place I get my mail. I don't [illegible] transportation to get my mail [illegible].

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Sherburne, Norwich
☒ Personal needs Sherburne, Norwich
☒ Banking Norwich
☐ Employment
☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: [illegible]
[illegible] P.O. Box [illegible] Smyrna, NY 13464
Address: [illegible] Apt #19 Smyrna, NY 13464

Telephone: (607) 627-6711

Date: 5/[illegible]/11

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.

It will be a VERY big inconvenience to a lot of people here at the Smyrna Senior Housing Apartments.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☐	☑	☐	☐
c. Mailing Parcels	☐	☑	☐	☐
d. Pick up Post Office box mail	☑	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☑
f. Buying money orders	☐	☐	☑	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☐	☑	☐
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings ☐ YES ☑ NO

b. Resetting/using postage meter ☐ YES ☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☑ NO

b. Using for school bus stop ☐ YES ☑ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☑ NO

If yes, please explain _____

d. Using public bulletin board ☑ YES ☐ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☑ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☐ Banking _____

☐ Employment _____

☐ Social needs _____

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☑ No

Name: Doreen Maltzan

Address: P.O. Box 112 Smyrna NY

Telephone: 315-750-8310

Date: 5-15-11

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 do Not! close the Smyrna Post Office

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☐	☐
b. Mailing Letters	☐	☐	☐	☐
c. Mailing Parcels	☐	☐	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☐
f. Buying money orders	☐	☐	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☐
h. Sending Express Mail	☐	☐	☐	☐
i. Buying stamp-collecting material	☐	☐	☐	☐

Other Postal Services

a. Entering permit mailings ☐ YES ☐ NO

b. Resetting/using postage meter ☐ YES ☐ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☐ NO

b. Using for school bus stop ☐ YES ☐ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☐ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain. _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☐ Banking _____

☐ Employment _____

☐ Social needs _____

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

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: _____

Address: _____

Telephone: _____

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.

UNITED STATES POSTAL SERVICE®

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following.

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☒	☐
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other: ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☒ Shopping — Norwich or Sherburne
- ☒ Personal needs — Doctor + Accountant
- ☒ Banking — Sherburne or Norwich
- ☐ Employment
- ☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Gordon J. Maynard

Address: 171 Willcox Rd. Smyrna

Telephone: 607-627-6240

Date: May 16, 2011

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.

Comment: If Smyrna Post Office merges with Sherburne, Traffic + Parking in Sherburne would be very difficult because of numbers.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☐	☑	☐	☐
c. Mailing Parcels	☐	☑	☐	☐
d. Pick up Post Office box mail	☑	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☑
f. Buying money orders	☐	☐	☑	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☐	☑	☐
i. Buying stamp-collecting material	☐	☐	☑	☐

Other Postal Services

a. Entering permit mailings ☐ YES ☑ NO

b. Resetting/using postage meter ☐ YES ☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☑ NO

b. Using for school bus stop ☐ YES ☑ NO

c. Assisting senior citizens, persons with disabilities, etc. ☑ YES ☑ NO

If yes, please explain: Take disable neighbor to post office weekly

d. Using public bulletin board ☐ YES ☑ NO

e. Other ☐ 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, please explain:

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping
☑ Personal needs
☐ Banking
☐ Employment
☑ Social needs

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☑ No

Name: Lynne Feehins

Address: 114 Cornwall Road Smyrna, NY 13464

Telephone: 607-627-9669

Date: 5/11/2011

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

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain:

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UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping NORWICH, SHERBURNE
☒ Personal needs NORWICH/SHERBURNE
☒ Banking SHERBURNE
☒ Employment SMYRNA
☒ Social needs SMYRNA

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

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: DONALD L BAKER

Address: 144 FLAT IRON RD, SMYRNA NY 13464

Telephone: (607) 627-6570

Date: 5-16-2011

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.

I'M THE PMR FOR THE SMYRNA P.O. I WOULDN'T HAVE A JOB IF IT CLOSED. I FEEL I'M THE LINK BETWEEN THE COMMUNITY + THE P.O. I GREW UP IN SMYRNA.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: [illegible]

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Norwich

☒ Personal needs Norwich

☒ Banking Norwich

☐ Employment

☒ Social needs Norwich

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name N Ms. Shirley A. Niles
674 County Road 20
Smyrna, NY 13464-1823

Address:

Telephone 607 - 627 6623

Date: 5/16/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☒ YES	☐ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO

If yes, please explain: _____

d. Using public bulletin board	☒ YES	☐ NO
e. Other	☐ 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, please explain: North Norwich, 13814

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Sherburne Hamilton

☐ Personal needs

☒ Banking Sherburne, Norwich

☒ Employment Norwich

☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Carl & Linda Conley

Address: 996 Bliven - Coye Hill Rd., Smyrna, NY 13464

Telephone 607 6276730

Date: 5-16-2011

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.

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☐	☑	☐	☐
c. Mailing Parcels	☐	☐	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☑
e. Pick up general delivery mail	☑	☐	☐	☐
f. Buying money orders	☐	☐	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☐
h. Sending Express Mail	☐	☐	☐	☐
i. Buying stamp-collecting material	☐	☐	☐	☐

Other Postal Services

a. Entering permit mailings ☐ YES ☑ NO

b. Resetting/using postage meter ☐ YES ☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☑ NO

b. Using for school bus stop ☐ YES ☑ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☑ NO

If yes, please explain _____

d. Using public bulletin board ☐ YES ☑ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping _____

☑ Personal needs _____

☑ Banking _____

☐ Employment _____

☑ Social needs _____

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

☐ Yes ☑ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: Becky C Barnett

Address: 27 E Main St, Smyrna, N.Y. 13464

Telephone: 607-627-6512

Date: 5-12-11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters -from my rural mailbox	☒	☐	☐	☐
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services		
a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services		
a. Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO
If yes, please explain:		
d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain

go by Sherburne Post Office daily to work and back

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping
☒ Personal needs
☒ Banking
☒ Employment
☒ Social needs

Sherburne + Norwich

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Scott Tredway

Address: 406 Co Rd 20 Smyrna NY 13464

Telephone: 627-6747

Date: 5/13/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☑	☐	☐
b. Mailing Letters	☐	☐	☑	☐
c. Mailing Parcels	☐	☐	☑	☐
d. Pick up Post Office box mail	☐	☑	☐	☐
e. Pick up general delivery mail	☐	☑	☐	☐
f. Buying money orders	☐	☐	☑	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☐	☐	☑
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings	☐ YES	☑ NO
b. Resetting/using postage meter	☐ YES	☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☑ YES	☐ NO
b. Using for school bus stop	☐ YES	☑ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☑ NO

If yes, please explain: _____

d. Using public bulletin board	☐ YES	☑ NO
e. Other	☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☑ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping
☑ Personal needs
☑ Banking
☑ Employment
☑ Social needs

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☑ Yes ☐ No

Name: JEFFREY J BICKERTON

Address: 668 # CR 21 SMYRNA NY 13464

Telephone: 607 627 6654

Date: [illegible]

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.

UNITED STATES POSTAL SERVICE®

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☐	☒	☐
c. Mailing Parcels	☐	☐	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☐
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☐

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☒ YES ☐ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: _____

[illegible], However it is still more convenient to use the Smyrna Post office

Smyrna NY 13464
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UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☒ Banking Shelbyville

☐ Employment _____

☐ Social needs _____

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: [illegible]

Address: [illegible]

Telephone: _____

Date: [illegible]

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☒	☐	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☐	☐
d. Pick up Post Office box mail	☒	☐	☐	☐
e. Pick up general delivery mail	☒	☐	☐	☐
f. Buying money orders	☐	☐	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☐
i. Buying stamp-collecting material	☐	☐	☐	☐

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☒ YES	☐ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☐ NO

If yes, please explain: _____

d. Using public bulletin board	☒ YES	☐ NO
e. Other	☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Some

☐ Personal needs

☒ Banking

☐ Employment

☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No maybe

Name: Hartley Fuller

Address: PO BOX 36 Smyrna NY 13464

Telephone: 607-627-6202

Date: 5/13/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☐	☐	☑	☐
c. Mailing Parcels	☐	☐	☑	☐
d. Pick up Post Office box mail	☑	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☑	☐
f. Buying money orders	☐	☐	☑	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☐	☐	☑
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings	☐ YES	☑ NO
b. Resetting/using postage meter	☐ YES	☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☑ NO
b. Using for school bus stop	☐ YES	☑ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☑ NO
If yes, please explain:		
d. Using public bulletin board	☐ YES	☑ NO
e. Other	☐ 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, please explain:

I drive by the Sherburne Post Office on my way to & from work.

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping Sherburne, Norwich, Utica + Syracuse.
☑ Personal needs same as above
☑ Banking Sherburne
☑ Employment Sherburne
☑ Social needs Sherburne, Norwich, Utica + Syracuse

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☑ Yes ☐ No

Name: Robin Showens

Address: 2 East School St. Smyrna, NY 13464

Telephone: (607) 627-6466

Date: 5/11/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☑	☐	☐	☐
b. Mailing Letters	☑	☐	☐	☐
c. Mailing Parcels	☐	☑	☐	☐
d. Pick up Post Office box mail	☑	☐	☐	☐
e. Pick up general delivery mail	☑	☐	☐	☐
f. Buying money orders	☐	☑	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☑	☐	☐
h. Sending Express Mail	☐	☑	☐	☐
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings	☐ YES	☑ NO
b. Resetting/using postage meter	☐ YES	☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☑ YES	☐ NO
b. Using for school bus stop	☐ YES	☑ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☑ NO
If yes, please explain:		
d. Using public bulletin board	☑ YES	☐ NO
e. Other	☐ 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, please explain:

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☑ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☐ Banking _____

☐ Employment _____

☐ Social needs _____

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☑ No

Name: ERNIE SELLRAFT S+S FEEDS LLC

Address: 6 RailROAD ST. PO Box 12 Smyrna NY 13464

Telephone: (607-627-6294

Date: 5-11-11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☐	☑	☐	☐
c. Mailing Parcels	☐	☐	☐	☑
d. Pick up Post Office box mail	☐	☐	☐	☑
e. Pick up general delivery mail	☐	☐	☐	☑
f. Buying money orders	☐	☐	☐	☑
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☑
h. Sending Express Mail	☐	☐	☐	☑
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services		
a. Entering permit mailings	☐ YES	☑ NO
b. Resetting/using postage meter	☐ YES	☑ NO

Nonpostal Services		
a. Picking up government forms (such as tax forms)	☑ YES	☐ NO
b. Using for school bus stop	☐ YES	☑ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☑ NO
If yes, please explain:		
d. Using public bulletin board	☐ YES	☑ NO
e. Other	☐ 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, please explain: NORTH NORWICH POST OFFICE

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping _____

☑ Personal needs _____

☑ Banking _____

☑ Employment _____

☑ Social needs _____

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

☐ Yes ☑ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name NICOLE HANCOCK

Address: 795 BOOS-LAKE RD, SHYRNA, NY

Telephone: 607 627 6826

Date: 5/13/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☐	☐	☐	☑
c. Mailing Parcels	☐	☐	☐	☑
d. Pick up Post Office box mail	☐	☐	☐	☑
e. Pick up general delivery mail	☐	☐	☐	☑
f. Buying money orders	☐	☐	☐	☑
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☑
h. Sending Express Mail	☐	☐	☐	☑
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services		
a. Entering permit mailings	☐ YES	☑ NO
b. Resetting/using postage meter	☐ YES	☑ NO

Nonpostal Services		
a. Picking up government forms (such as tax forms)	☐ YES	☑ NO
b. Using for school bus stop	☐ YES	☑ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☑ NO
If yes, please explain:		
d. Using public bulletin board	☐ YES	☑ NO
e. Other	☐ 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, please explain: I use N. Warwick and Warwick post office more regular while running errands.

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping Sherburne and Norwich
☐ Personal needs " "
☐ Banking Norwich
☐ Employment Hamilton
☐ Social needs Sherburne, Norwich, Hamilton

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

☐ Yes ☑ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: Deanna Fairbanks

Address: 632 Co. Rt. 20

Telephone: 627-6296

Date: 5/11/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☒	☐	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☒	☐
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☒ YES ☐ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☒ YES ☐ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☒ Shopping Norwich or Hamilton
- ☒ Personal needs Norwich
- ☒ Banking Norwich
- ☒ Employment Norwich
- ☒ Social needs anywhere

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Rebecca Graham

Address: 1059 County Road 20 Smyrna, NY 13464

Telephone: 607-627-6464

Date: 6/6/11

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 don't close the Smyrna Post Office.
It would be an extreme inconvenience to go to Sherburne everytime I need the Post Office. Also, our fire department heavily relies on the Smyrna post office - w/a PO Box and many daily mail deliveries, it would be an extreme inconvenience to have our volunteers drive to Sherburne.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☐	☑
b. Mailing Letters	☐	☐	☐	☑
c. Mailing Parcels	☐	☐	☐	☑
d. Pick up Post Office box mail	☐	☐	☐	☑
e. Pick up general delivery mail	☐	☐	☐	☑
f. Buying money orders	☐	☐	☐	☑
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☐
h. Sending Express Mail	☐	☐	☐	☑
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings ☐ YES ☑ NO

b. Resetting/using postage meter ☐ YES ☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☑ NO

b. Using for school bus stop ☐ YES ☑ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☑ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☑ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping
☒ Personal needs
☒ Banking
☐ Employment
☒ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Amy Graham

Address: 883 County Rd 21

Telephone: 627-6749 Cooperstown NY 13464

Date: 3/16/2011

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☐
h. Sending Express Mail	☐	☐	☐	☐
i. Buying stamp-collecting material	☐	☐	☐	☐

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☒ YES ☐ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Syracuse, Norwich
☒ Personal needs Syracuse, Norwich
☒ Banking Norwich, Syracuse
☒ Employment Morrisville, Norwich
☒ Social needs Syracuse, Norwich

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Clare Armstrong-Seward

Address: 427 Bois-Law Rd Smyrna

Telephone:

Date: 5/7/11

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.

Like my neighbors, I can't go to Sherburne nor do I wish to use their post office, why not Plymouth? It is closer! Ans [illegible]

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UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☒	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO

If yes, please explain: _____

d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain. _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping NORWICH, NEW YORK

☐ Personal needs

☒ Banking NORWICH, NEW YORK

☐ Employment

☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name ALBERT R. MONROE

Address: 127 FLATIRON RD., SHYRNA, NEW YORK 13464

Telephone: (607) 627-6278

Date: 5/4/11

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.

UNITED STATES POSTAL SERVICE®

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☐
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☐ Sometimes
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☐ NO

b. Resetting/using postage meter ☐ YES ☐ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☐ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: once every 2 wks

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Sherburne, Norwich

☐ Personal needs

☒ Banking Sherburne

☐ Employment

☐ Social needs

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

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: Joseph Day

Address: 1893 State Hwy 80

Telephone: 607-627-6269

Date: 5-10-11

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.

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My Town Clerk business requires nearly daily mailings and receiving. Also large business mailings are done for a business during each month. The local P.O. is a necessity.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☒	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☐
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☐ NO

If yes, please explain: I pick up mail for my neighbor

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain:

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Rarely to Sherburne

☒ Personal needs doctors visits

☒ Banking

☐ Employment Not applicable

☒ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No Probably not

Name: HELEN K BONHOTAL

Address: 227 FOSTER ROAD SMYRNA NY 13464

Telephone: 607-627-6524

Date: 05/07/2011

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.

After many years of an uncooperative, sometimes nasty, postmaster we finally have a good one.

Please dont close us down.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☐	☒	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☒	☐
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☒	☐

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO

If yes, please explain: _____

d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain. _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☐ Banking _____

☐ Employment _____

☐ Social needs _____

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

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: _____

Address: _____

Telephone: _____

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☒	☐	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☒
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain. _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping _____

☒ Personal needs _____

☒ Banking _____

☒ Employment _____

☒ Social needs _____

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Mr + Mrs. Douglas Boos

Address: 1589 State Highway 80 Smyrna, N.Y. 13464

Telephone: 1-607-627-6205

Date: May 10, 2011

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☑	☐	☐	☐
c. Mailing Parcels	☐	☐	☑	☐
d. Pick up Post Office box mail	☑	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☐
f. Buying money orders	☐	☐	☐	☑
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☐	☐	☑
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings	☐ YES	☑ NO
b. Resetting/using postage meter	☐ YES	☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☐ YES	☑ NO
b. Using for school bus stop	☐ YES	☑ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☑ NO

If yes, please explain: _____

d. Using public bulletin board	☑ YES	☐ NO
e. Other	☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping
☑ Personal needs
☑ Banking
☐ Employment
☑ Social needs

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☑ Yes ☐ No

Name: Sharon C. Crain

Address: PO Box 91

Telephone: 607-627-6613

Date: May 11, 2011

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never	
a. Buying Stamps	☐	☑	☐	☐	or as needed
b. Mailing Letters	☑	☐	☐	☐	
c. Mailing Parcels	☐	☐	☑	☐	or as needed
d. Pick up Post Office box mail	☐	☐	☐	☐	
e. Pick up general delivery mail	☐	☐	☐	☑	
f. Buying money orders	☐	☐	☐	☑	
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☐	As needed
h. Sending Express Mail	☐	☐	☐	☑	
i. Buying stamp-collecting material	☐	☐	☐	☑	

Other Postal Services

a. Entering permit mailings ☐ YES ☑ NO

b. Resetting/using postage meter ☐ YES ☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☑ YES ☐ NO

b. Using for school bus stop ☐ YES ☐ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain: _____

d. Using public bulletin board ☑ YES ☐ NO

e. Other ☐ 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, please explain: Smyrna

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping - Norwich or Sherburne Syracuse

☑ Personal needs - Dr. Prescriptions

☑ Banking Sherburne

☐ Employment Retired

☑ Social needs Church, Children live in Sherburne

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

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☑ Yes ☐ No

Name: Marilyn E. Fuller

Address: Box 84 Smyrna, New York 13464

Telephone: 607-627-6566

Date: 5-11-11

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.

I oppose the closing of our post office. There is little left here in Smyrna. We do not need to burden the elderly with the problem of driving to Sherburne to do their mail business. I will never have a rural box on the County Rd so that I live on. Too many people walk, bike and drive pass my house. And I would not feel it was safe.
What is going to happen to North Norwich, Plymouth & So Plymouth Post offices? They are much smaller than Smyrna.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☑	☐	☐
b. Mailing Letters	☐	☑	☐	☐
c. Mailing Parcels	☐	☑	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☑
e. Pick up general delivery mail	☐	☐	☐	☑
f. Buying money orders	☐	☐	☐	☑
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☑	☐	☐
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services		
a. Entering permit mailings	☐ YES	☑ NO
b. Resetting/using postage meter	☐ YES	☑ NO

Nonpostal Services		
a. Picking up government forms (such as tax forms)	☐ YES	☑ NO
b. Using for school bus stop	☐ YES	☑ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☑ NO
If yes, please explain:		
d. Using public bulletin board	☑ YES	☐ NO
e. Other	☐ 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, please explain:

Note * Please close The South Plymouth NY. Office! The women is extremly rude and The office is void of customers most of The Time. Also The Location is dangerous pulling in and out.

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain. _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping _____

☐ Personal needs _____

☑ Banking _____

☑ Employment _____

☐ Social needs _____

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☑ No

NH

Name: _____

Address: _____

Telephone: _____

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.

UNITED STATES POSTAL SERVICE®

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☐	☒
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☒	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping - Utica, Syracuse, Norwich
☒ Personal needs " " "
☒ Banking Sherburne
☒ Employment Sherburne
☒ Social needs Sherburne, Hamilton

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Donna M Smith

Address: 198 John Graham Rd Smyrna NY

Telephone: —

Date: 5/16/2011

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☒	☒
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☐
h. Sending Express Mail	☐	☐	☐	☐
i. Buying stamp-collecting material	☐	☐	☒	☐

Other Postal Services

a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☒ YES	☐ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO
If yes, please explain:		
d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain:

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain. _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☐ Banking _____

☐ Employment _____

☐ Social needs _____

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

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: _____

Address: _____

Telephone: _____

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.

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UNITED STATES POSTAL SERVICE®

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☒	☐	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☒	☐	☐
f. Buying money orders	☐	☒	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☒	☐	☐
h. Sending Express Mail	☐	☒	☐	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☐ NO

b. Resetting/using postage meter ☐ YES ☐ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☒ YES ☐ NO

b. Using for school bus stop ☐ YES ☐ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain: _____

d. Using public bulletin board ☒ YES ☐ NO

e. Other ☐ YES ☐ NO

If yes, please explain: It is a great place to see whats going on

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, please explain: We need this Post office to stay open, with everything on the rise i cant a ford to travel to another Post office, also the sherburne Post office is crowded with little parking, the people runing it are rude. Dont close our Post office

Scott J Rowatson 627-6265

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☒ Banking Sherburne / Less then once a month

☐ Employment

☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: SCOTT J Kowalsk.

Address: 162 Flat Iron RD

Telephone: 607-627-6265

Date: 5/4/2011

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☐	☑
b. Mailing Letters	☐	☐	☐	☑
c. Mailing Parcels	☐	☐	☐	☑
d. Pick up Post Office box mail	☐	☐	☐	☑
e. Pick up general delivery mail	☐	☐	☐	☑
f. Buying money orders	☐	☐	☐	☑
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☑
h. Sending Express Mail	☐	☐	☐	☑
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings ☐ YES ☑ NO

b. Resetting/using postage meter ☐ YES ☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☑ NO

b. Using for school bus stop ☐ YES ☑ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☑ NO

If yes, please explain:

d. Using public bulletin board ☐ YES ☑ NO

e. Other ☐ 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, please explain: I pass North Norwich Post office everyday.

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping Norwich / Sherburne

☑ Personal needs

☑ Banking Norwich

☑ Employment Norwich / Guilford

☑ Social needs

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☑ Yes ☐ No

Name: Frederick + Katherine Eggers

Address: 422 Sherburne 4 Corners Rd
Smyrna NY. 13464

Telephone:

Date: 5/10/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☐	☒	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☒	☐
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain.

d. Using public bulletin board ☐ YES ☒ NO

e. Other ☐ 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, please explain: WE PASS SMYRNA OFFICE - TO GO SHOPPING ETC.

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UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: N/A

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- [X] Shopping ~~Sherburne~~, NORWICH
- [X] Personal needs NORWICH
- [X] Banking SHERBURNE
- [ ] Employment unemployed
- [X] Social needs SHERBURNE

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

[X] Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

[X] Yes ☐ No

Name: RANDY W. FAIRBAIRN

Address: 165 CUTNCROSS ROAD, SMYRNA N.Y. 13464

Telephone:

Date: 5/17/11

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 Don't close our post office. It is to FAR to go to SHERBURNE OR NORWICH to TAKE CARE of our postal NEEDS. If you Do close our post office will you HAVE to pay the CARRIERS more to TRAVEL the ADDITIONAL Distance to DELIVER OUR MAIL? - And IT will TAKE them longer to Do IT. CORRECT? WHAT IS the cost of THAT? our postal carrier Does A very good JOB. will He lose His JOB IF you close our office? WE HAVE A good post office THE people are Friendly and Helpfull there. If you close our office we Don't see THAT IN THE Bigger offices we HAVE visited, THEY ARE BUGGER, UPDER more STRESS AND much LESS PERSONABLE. Don't close our office. If it ain't broke - Don't Fix it.

By the way - WHAT DID IT COST TO SEND OUT THIS QUESTIONNAIRE? This kind of SUB costs money. maybe you could do some cuts on the administrative side - that would save some money - and jobs.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☑	☐	☐
b. Mailing Letters	☑	☐	☐	☐
c. Mailing Parcels	☐	☐	☑	☐
d. Pick up Post Office box mail	☑	☐	☐	☐
e. Pick up general delivery mail	☑	☐	☐	☐
f. Buying money orders	☐	☑	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☑	☐	☐
h. Sending Express Mail	☐	☑	☐	☐
i. Buying stamp-collecting material	☐	☑	☐	☐

Other Postal Services

a. Entering permit mailings	☐ YES	☑ NO
b. Resetting/using postage meter	☐ YES	☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☑ YES	☐ NO
b. Using for school bus stop	☑ YES	☐ NO
c. Assisting senior citizens, persons with disabilities, etc.	☑ YES	☐ NO
If yes, please explain:		
d. Using public bulletin board	☑ YES	☐ NO
e. Other	☑ YES	☐ NO

If yes, please explain: THIS POST OFFICE IS BADLY Needed KEEP IT OPEN PLEASE

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, please explain: I Need to get my mail + postal SERVICES IN Smyrna Daily

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☑ Worse

If yes, please explain: I HAVE ALWAYS had PO BOX SERVICE - I CANNOT TRAVEL TO SHERBURNE DAILY

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping SMYRNA MARKET

☑ Personal needs SMYRNA MARKET

☑ Banking NBT

☐ Employment RETIRED

☑ Social needs SMYRNA MARKET + DINER

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☑ No

Name: Robert W. Munch + ELLA W. Munch

Address: PO BOX 4 SMYRNA NY

Telephone: 607 - 627 - 6250

Date: 5-17-2011

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☐	☑	☐	☐
c. Mailing Parcels	☐	☑	☐	☐
d. Pick up Post Office box mail	☑	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☑
f. Buying money orders	☐	☐	☐	☑
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☑	☐	☐
h. Sending Express Mail	☐	☐	☑	☐
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings	☐ YES	☐ NO
b. Resetting/using postage meter	☐ YES	☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	☑ YES	☐ NO
b. Using for school bus stop	☐ YES	☑ NO
c. Assisting senior citizens, persons with disabilities, etc.	☑ YES	☐ NO

If yes, please explain: Postmaster cares about community

d. Using public bulletin board	☑ YES	☐ NO
e. Other Community Services	☐ YES	☐ NO

If yes, please explain: Willing to promote Community activities

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, please explain:

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☑ Shopping at local stores
- ☑ Personal needs Drs in Syracuse
- ☑ Banking direct deposit
- ☑ Employment retired
- ☑ Social needs Church opt to P.O.

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No I would but people that use the Post Office would have no reason to stop and shop.

Name: Bob & Rosemarie Wright

Address: P.O. Box 201 Smyrna, New York 13464

Telephone: 627-6806

Date: May 17, 2011

Shame On You

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☐	☐	☑	☐
c. Mailing Parcels	☐	☐	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☐
e. Pick up general delivery mail	☐	☐	☐	☐
f. Buying money orders	☐	☐	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☐
h. Sending Express Mail	☐	☐	☐	☐
i. Buying stamp-collecting material	☐	☐	☐	☐

Other Postal Services

a. Entering permit mailings ☐ YES ☐ NO

b. Resetting/using postage meter ☐ YES ☐ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☐ NO

b. Using for school bus stop ☐ YES ☐ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain: _____

d Using public bulletin board ☐ YES ☐ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE®

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping _____

☑ Personal needs _____

☑ Banking _____

☐ Employment _____

☐ Social needs _____

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name Carl S. Hazardson

Address: 511 Cliff Rd 25

Telephone _____

Date: 5/17/11

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☐	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☒	☐	☐	☐
f. Buying money orders	☐	☐	☐	☒
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☐	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings	☐ YES	☐ NO
b. Resetting/using postage meter	☐ YES	☐ NO

Nonpostal Services

a Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☐ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☐ NO
If yes, please explain		
d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☐ Banking _____

☐ Employment _____

☐ Social needs _____

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Caroline A. Thompson

Address: [illegible] Amherst, NY 13464

Telephone: 607-627-6564

Date: May 18 2011

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☐	☒
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation — 6-2 X's yr.	☐	☐	☐	☐
h. Sending Express Mail	☐	☐	☐	☒
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services

a. Entering permit mailings ☐ YES ☒ NO

b. Resetting/using postage meter ☐ YES ☒ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☐ YES ☒ NO

b. Using for school bus stop ☐ YES ☒ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain: _____

d. Using public bulletin board ☒ YES ☐ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping – Sherburne or Norwich

☐ Personal needs

☒ Banking – Norwich

☐ Employment

☐ Social needs

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

☒ Yes ☐ No Small Town

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Beverly Rogers

Address: 312 Hopkins-Crandall Rd Smyrna N.Y 13464

Telephone: 607-334-5224

Date: 5-16-11

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.

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Maybe if our so called "Important people" didn't have to have over $60,000 or more money per year, like the people in this area are lucky if they make $30,000 a year they would not have to close Country Post Offices.

It sure is sad when the government tell us when and where to do things.
Where is our "Free Country" gone?

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☒	☐
b. Mailing Letters	☐	☐	☐	☐
c. Mailing Parcels	☐	☐	☒	☐
d. Pick up Post Office box mail	☐	☐	☐	☒
e. Pick up general delivery mail	☐	☐	☒	☐
f. Buying money orders	☐	☐	☒	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☒	☐
h. Sending Express Mail	☐	☐	☒	☐
i. Buying stamp-collecting material	☐	☐	☐	☒

Other Postal Services		
a. Entering permit mailings	☐ YES	☒ NO
b. Resetting/using postage meter	☐ YES	☒ NO

Nonpostal Services		
a. Picking up government forms (such as tax forms)	☐ YES	☒ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO
If yes, please explain:		
d. Using public bulletin board	☐ YES	☒ NO
e. Other	☐ 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, please explain: two or three sometimes

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping Sherburne norwich Hamilton

☐ Personal needs Sherburne norwich

☐ Banking Hamilton Earlville Sherburne norwich

☐ Employment N A

☐ Social needs Sherburne Earlville Hamilton

5. Do you currently use local businesses in the community? Some

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued? Some

☐ Yes ☐ No

Name Elizabeth Harrison

Address: Boos - Law Rd Box 567

Telephone

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.

UNITED STATES POSTAL SERVICE

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☒	☐	☐	☐
b. Mailing Letters	☐	☒	☐	☐
c. Mailing Parcels	☐	☒	☐	☐
d. Pick up Post Office box mail	☒	☐	☐	☐
e. Pick up general delivery mail	☒	☐	☐	☐
f. Buying money orders	☒	☐	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☒	☐	☐	☐
h. Sending Express Mail	☐	☒	☐	☐
i. Buying stamp-collecting material	☒	☐	☐	☐

Other Postal Services		
a. Entering permit mailings	☒ YES	☐ NO
b. Resetting/using postage meter	☒ YES	☐ NO

Nonpostal Services		
a. Picking up government forms (such as tax forms)	☒ YES	☐ NO
b. Using for school bus stop	☐ YES	☒ NO
c. Assisting senior citizens, persons with disabilities, etc.	☐ YES	☒ NO
If yes, please explain:		
d. Using public bulletin board	☒ YES	☐ NO
e. Other	☐ 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, please explain:

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UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☒ Worse

If yes, please explain: Our mail won't be as safe and it won't be nearly as convenient

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Norwich once a month

☐ Personal needs

☒ Banking Sherborne once in a while

☐ Employment

☐ Social needs

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

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name James And Mary Russett Jr.

Address: P.O. Box 99 2 South St. Smyrna N.Y. 13464

Telephone: 607-627-6864

Date: May 13, 2011

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.

UNITED STATES POSTAL SERVICE®

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the SMYRNA Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	☐	☐	☑	☐
b. Mailing Letters	☑	☐	☐	☐
c. Mailing Parcels	☐	☐	☑	☐
d. Pick up Post Office box mail	☑	☐	☐	☐
e. Pick up general delivery mail	☑	☐	☐	☐
f. Buying money orders	☐	☑	☐	☐
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	☐	☐	☑	☐
h. Sending Express Mail	☐	☐	☑	☐
i. Buying stamp-collecting material	☐	☐	☐	☑

Other Postal Services

a. Entering permit mailings ☑ YES ☐ NO

b. Resetting/using postage meter ☐ YES ☑ NO

Nonpostal Services

a. Picking up government forms (such as tax forms) ☑ YES ☐ NO

b. Using for school bus stop ☐ YES ☑ NO

c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☑ NO

If yes, please explain: _____

d. Using public bulletin board ☑ YES ☐ NO

e. Other ☐ 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, please explain: _____

UNITED STATES POSTAL SERVICE

3. If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive Post Office box service or general delivery service, complete this section. How will the proposed service compare to current service?

☐ Better ☐ Just as Good ☐ No Opinion ☑ Worse

If yes, please explain: _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☑ Shopping Sidney, Binghamton, Hamden
☑ Personal needs Sherburne, Sidney
☑ Banking Unadilla, Sidney
☑ Employment Cortland
☑ Social needs All the above

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

☑ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: Ted [illegible] NO MAIL DELIVERY

Address: 2 [illegible] St., Apt # 7, PO Box 152

Telephone: 607-627-6873

Date: May 18 2011

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.