

PORT KENT Docket# 1378088 - 12975

Filing ID: 77945

Accepted 11/21/2011

* These are the 1st 15 documents that should be completed, scanned and sent to the MPOD for review

Page	Document		
1.	Request/approval to study for discontinuance (02/22/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.	Notice (if appropriate) to Headquarters of suspension	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Notice (if appropriate) to customers/district personnel of suspension	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Highway map with community highlighted (02/23/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Eviction notice (if appropriate) (02/25/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Building inspection report and original photos of building deficiencies (if appropriate) (02/27/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7.	Post Office and community photos (02/28/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8.	PS Form 150, Postmaster Workload Information (03/02/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Worksheet for calculating work service credit (03/20/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10.	Window transaction record (03/19/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11.	Record of incoming mail (03/19/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12.	Record of dispatched mail (03/19/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13.	Administrative postmaster/OIC comments (03/20/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14.	Inspection Service/local law enforcement vandalism reports (12/25/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15.	Post Office fact sheet (04/20/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
16.	Community fact sheet (06/19/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
17.	Alternate service options/cost analysis (07/11/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
18.	Form 4920, Post Office Fact Sheet (06/15/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19.	Recommendation and Service Replacement Type (04/23/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20.	Questionnaire instruction letter to postmaster/OIC (05/26/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
21.	Cover letter, questionnaire, and enclosures (05/10/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
22.	Returned customer questionnaires and Postal Service response letters (05/10/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
23.	Analysis of questionnaires (05/24/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24.	Community meeting roster (05/23/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
25.	Community meeting analysis (05/23/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
26.	Community meeting letter (Need to set before questionnaire if not held before) (05/30/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
27.	Petition and Postal Service response letter (if appropriate) (01/03/2000)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
28.	Congressional inquiry and Postal Service response letter (if appropriate) (01/01/1900)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
29.	Proposal checklist (06/23/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
30.	District notification to Government Affairs (06/26/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
31.	Instructions to postmaster/OIC to post proposal (06/03/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
32.	Invitation for comments exhibit (06/20/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
33.	Proposal exhibit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
34.	Comment form exhibit (06/16/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
35.	Instructions for postmaster/OIC to remove proposal (06/20/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
36.	Round-date stamped proposals and invitations for comments from affected offices (02/29/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
37.	Notification of taking proposal and comments under internal consideration (06/21/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
38.	Proposal comments and Postal Service response letters (06/20/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
39.	Premature Postal Regulatory Commission appeal and Postal Service response letter (if appropriate) ()	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
40.	Analysis of comments (06/29/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
41.	Revised proposal (if appropriate) (06/29/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
42.	Updated PS Form 4920 (if appropriate) (06/15/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
43.	Certification of record (08/29/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
44.	Log of Post Office discontinuance actions (08/29/2011)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

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* These are the 1st US documents that should be completed, scanned and sent to the MPOO for review				Return to Flow
Page	Document			
41.	Revised proposal (if appropriate) (08/29/2011)			<input checked="" type="checkbox"/> 
42.	Updated PS Form 4920 (if appropriate) (06/16/2011)			<input checked="" type="checkbox"/> 
43.	Certification of record (08/29/2011)			<input checked="" type="checkbox"/> 
44.	Log of Post Office discontinuance actions (08/29/2011)			<input checked="" type="checkbox"/> 
45.	Transmittal to vice president, Delivery and Retail, from district manager, Customer Service and Sales (09/02/2011)			<input checked="" type="checkbox"/> 
46.	Headquarters' acknowledgment of receipt of record (09/11/2011)			<input checked="" type="checkbox"/> 
47.	Final determination transmittal letter from Headquarters (09/26/2011)			<input checked="" type="checkbox"/> 
48.	Instruction letter to postmaster/OIC on posting ()			<input checked="" type="checkbox"/> 
49.	Round-date stamped final determination cover sheets ()			<input type="checkbox"/>
50.	Postal Bulletin Post Office Change Announcement ()			<input type="checkbox"/> 
51.	Vice president, Delivery and Retail, instruction letter (09/26/2011)			<input checked="" type="checkbox"/> 

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Item 1

02/22/2011

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 23 congressional district.

Post Office Name:	PORT KENT
Zip+4 Code:	12975-9998
EAS Level:	11
Finance Number:	356755
County:	Essex
Proposed Admin Office:	KEESEVILLE PO
ADMIN Miles Away:	4.3
Near Office Name:	KEESEVILLE PO
Near Miles Away:	4.3
Number of Customers:	
Post Office Box:	192
General Delivery:	0
Rural Route (RR):	0
Highway Contract Route (HCR):	0
Intermediate RR:	0
Intermediate HCR:	0
City Delivery:	0
Total Customers:	192

The Port Kent office is currently vacant and postal services can be adequately provided from the Keeseville office at a distance of 4.25 miles.

DANIEL CRONIN
Manager, Post Office Operations

Approval to Study for Discontinuance:

EDWARD PHELAN
DISTRICT MANAGER
ALBANY PFC

02/22/2011

DATE

cc: Area Manager, Public Affairs and Communication



NOTICE OF POST OFFICE EMERGENCY SUSPENSION

A. Office

Name: PORT KENT State: NY Zip Code: 12975
Area: NORTHEAST District: ALBANY PFC
Congressional District: 23 County: Essex
EAS Grade: 11 Finance Number: 356755
Post Office: Classified Station Classified Branch CPO

• There was no Emergency Suspension 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



NOTICE TO CUSTOMERS/DISTRICT PERSONNEL OF SUSPENSION

A. Office

Name: PORT KENT State: NY Zip Code: 12975
Area: NORTHEAST District: ALBANY PFC
Congressional District: 23 County: Essex
EAS Grade: 11 Finance Number: 356755
Post Office: Classified Station Classified Branch CPO

There was no Emergency Suspension 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) 464-7428



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Post Office™ Locations

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Post Office™ Locations near 12975



1 **Post Office™ Location - PORT KENT**
 31 FIRST ST
 PORT KENT, NY
 12975-9998
 (800) ASK-USPS
 (800) 275-8777
 (518) 834-9071

0.3 mi

Business Hours
 Mon-Fri
 8:00am-12:00pm
 12:45pm-4:30pm
 Sat
 8:00am-11:30am
 Sun
 closed

Services
[PO Boxes Online](#)

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

2 **Post Office™ Location - KEESEVILLE**
 100 KENT ST
 KEESEVILLE, NY
 12944-9998
 (800) ASK-USPS
 (800) 275-8777
 (518) 834-9061

3.7 mi

Business Hours
 Mon-Fri
 9:00am-12:00pm
 1:30pm-5:00pm
 Sat
 9:00am-11:30am
 Sun
 closed

Services
[PO Boxes Online](#)

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

3 **Post Office™ Location - PERU**
 742 BEAR SWAMP RD
 PERU, NY 12972-9998
 (800) ASK-USPS
 (800) 275-8777
 (518) 643-8126

6.5 mi

Business Hours
 Mon-Fri
 8:00am-1:00pm
 2:00pm-5:00pm
 Sat
 8:30am-11:30am
 Sun
 closed

Services
[PO Boxes Online](#)

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

4 **Post Office™ Business Hours Services**

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5 **Post Office™**
Location -
COLCHESTER
218 MALLETT'S BAY
AVE
COLCHESTER, VT
05446-9998
(800) ASK-USPS
(800) 275-8777
(802) 655-1376

Business Hours
Mon-Fri
8:30am-5:00pm
Sat
9:00am-12:00pm
Sun
closed

Services
PO Boxes Online
Service hours may vary. Please
check link for business hours.

9.9 mi

Post Office™ Locations near 12975

By City

[PORT KENT](#) [KEESEVILLE](#) [COLCHESTER](#) [SOUTH HERO](#) [SCHUYLER FALLS](#)

By ZIP Code

[12944](#) [12972](#) [05408](#) [05446](#) [05486](#) [12985](#) [05401](#) [12996](#) [05404](#) [12903](#)
[05403](#) [12901](#) [05482](#) [12962](#) [05453](#) [12912](#) [05458](#) [12936](#) [05495](#) [05468](#)

People and Business Search Find people and businesses at [WhitePages.com](#)

[People Search](#)

Search for a person and
perform a reverse lookup
on phone numbers and
addresses.

[Business Search](#)

Search for a business by name or
category nationwide.

[Reverse Phone Number](#)

See who is calling you



Eviction Notice

A. Office

Name: PORT KENT State: NY Zip Code: 12975
Area: NORTHEAST District: ALBANY PFC
Congressional District: 23 County: Essex
EAS Grade: 11 Finance Number: 356755
Post Office: Classified Station Classified Branch CPO

There was no eviction notice 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



Building Inspection Report

A. Office

Name: PORT KENT State: NY Zip Code: 12975
Area: NORTHEAST District: ALBANY PFC
Congressional District: 23 County: Essex
EAS Grade: 11 Finance Number: 356755
Post Office: Classified Station Classified Branch CPO

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

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

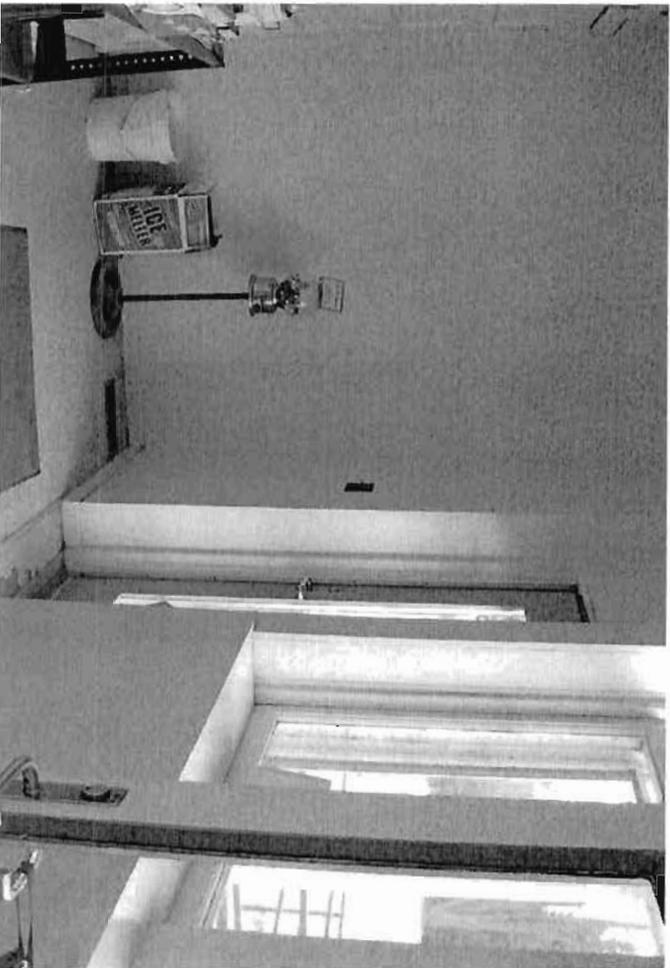
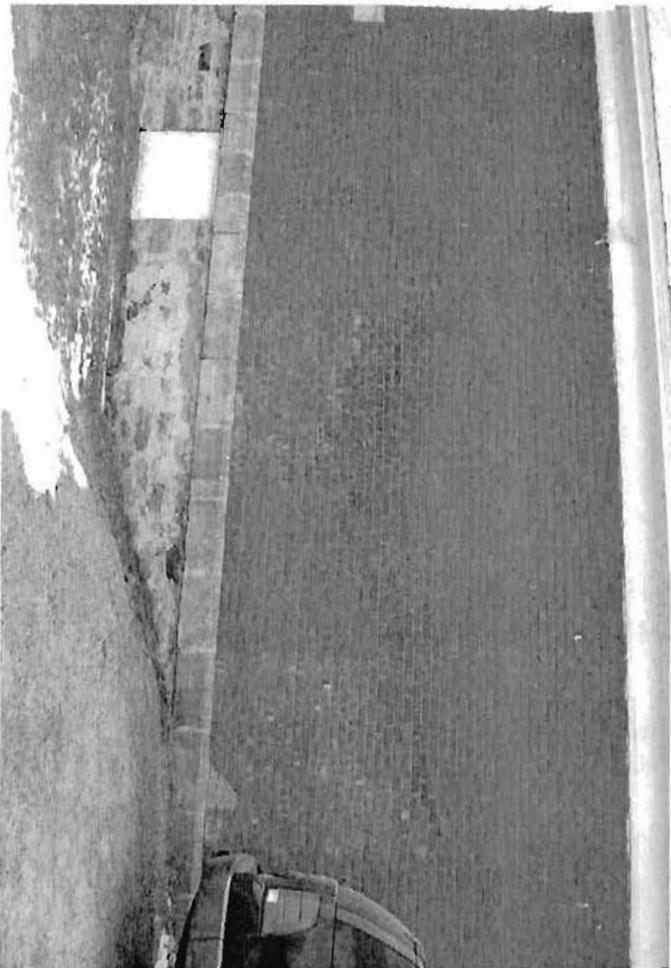
Date: 03/24/2011
Fax No: (518) 464-7429

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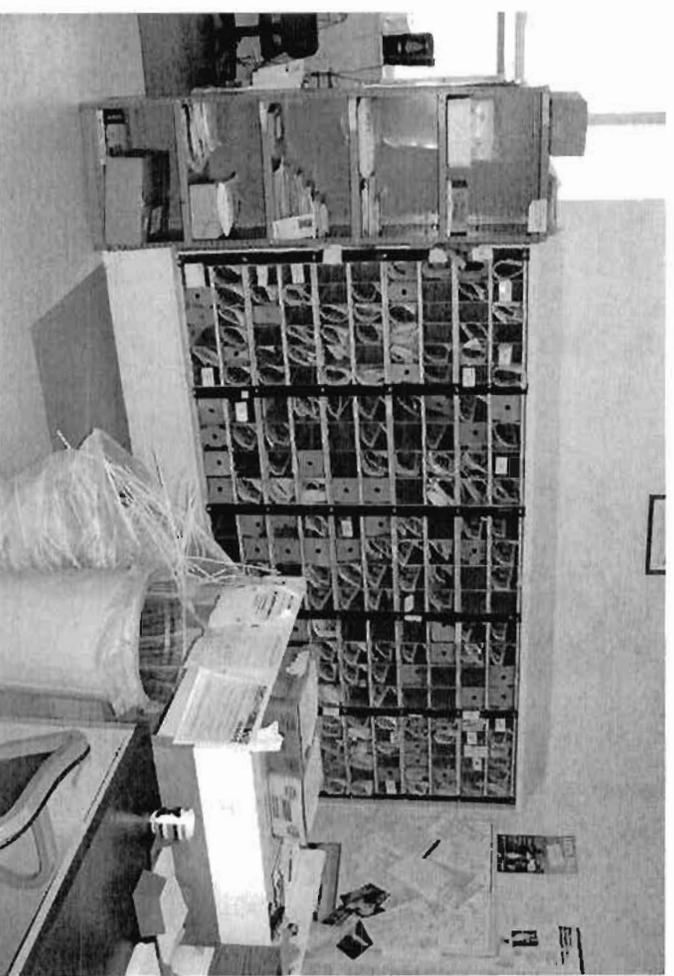
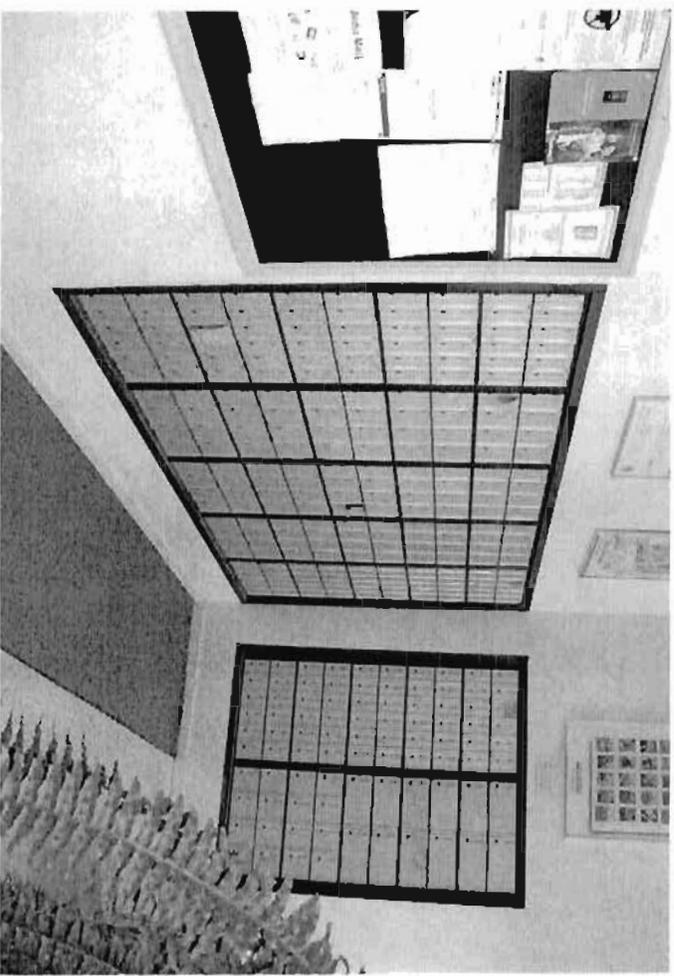
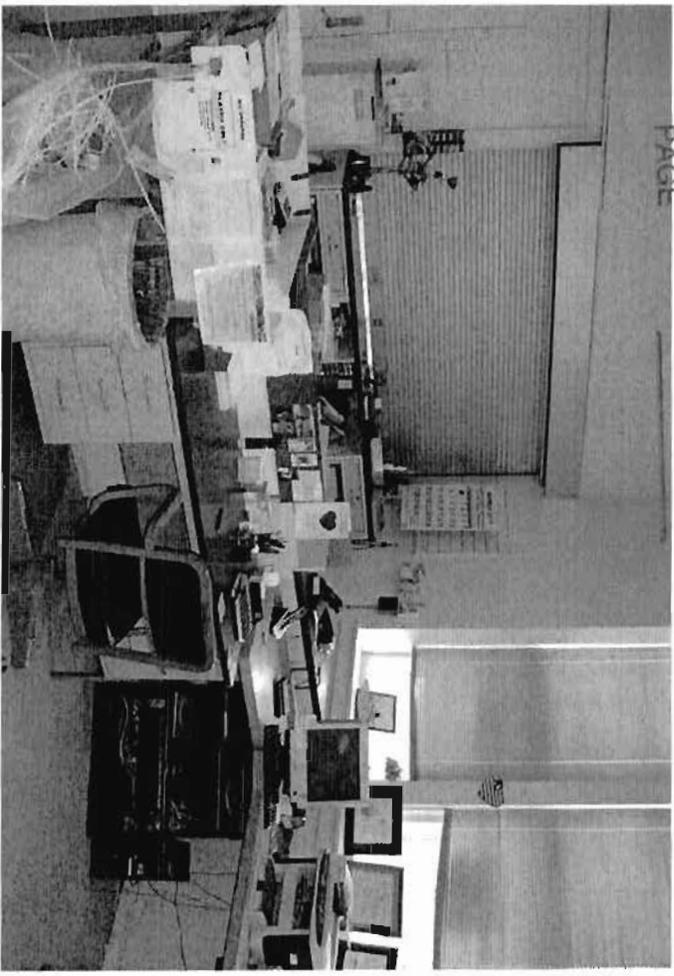
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PS Form 150, Postmaster Workload Information

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Post Office, State & Zip Code PORT KENT, NY 12975		Postmaster's Signature Q.N66NB	Date 03/03/2011
District Office, State & Zip Code ALBANY PFC, NY 12288		District Manager's Signature KY2CNZ	Date 03/04/2011
(Check Box) <input checked="" type="checkbox"/> Vacancy <input type="checkbox"/> Management Review <input type="checkbox"/> RFR		See Instructions on Reverse	
1.	Current Office Level		11
2.	Finance Number	(1-6)	356755
3.	General Delivery Families Served	(7-9)	0
4.	Post Office Boxes/Call Boxes Rented	(10-15)	190
5.	Possible City Deliveries	(16-20)	0
6.	Administrative Rural Boxes Served	(21-25)	0
7.	Intermediate Rural Boxes Served	(26-30)	0
8.	Administrative Responsibility for 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 of 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, Postmaster Workload Information

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	Normal	During Seasonal Period
General Delivery Families Served	0	0
Post Office Boxes/Call Boxes Rented	190	0
Possible City Deliveries	0	0
Administrative Rural Boxes Served	0	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 colling, facing and cancelling 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

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

Office Name: PORT KENT
 Office Zip: 12975-9998 District: ALBANY PFC

Activity WSCs

General Delivery Families Served (Item 3, PS Form 150)	<u>0</u>	X 1.0	=	<u>0</u>
Post Office Boxes/Call Boxes Rented (Item 4, PS Form 150)	<u>190</u>	X 1.0	=	<u>190</u>
Possible City Deliveries (Item 5, PS Form 150)	<u>0</u>	X 1.33	=	<u>0</u>
Administrative Rural Boxes Served (Item 6, PS Form 150)	<u>0</u>	X 1.0	=	<u>0</u>
Intermediate Rural Boxes Served (Item 7, PS Form 150)	<u>0</u>	X 0.7	=	<u>0</u>
Administrative Responsibility for Intermediate Rural Boxes for Other Offices (Item 8, PS Form 150)	<u>0</u>	X 0.3	=	<u>0</u>
Administrative Highway Contract/Star Route Boxes Served (Item 9, PS Form 150)	<u>0</u>	X 1.0	=	<u>0</u>
Intermediate Highway Contract/Star Route Boxes Served (Item 10, PS Form 150)	<u>0</u>	X 0.7	=	<u>0</u>
Administrative Responsibility for Intermediate Highway Contract/Star Route Boxes for Other Offices (Item 11, PS Form 150)	<u>0</u>	X 0.3	=	<u>0</u>
Total Activity WSCs				<u>190</u>

Revenue WSCs

First	25 revenue units:	1.00	X	<u>25</u> units	=	<u>25.00</u>
Next	275 revenue units:	0.50	X	<u>34</u> units	=	<u>17.00</u>
Next	700 revenue units:	0.25	X	<u>0</u> units	=	<u>0.00</u>
Next	5000 revenue units:	0.10	X	<u>0</u> units	=	<u>0.00</u>
	Balance of revenue units:	0.01	X	<u>0</u> units	=	<u>0.00</u>
Total revenue WSCs:						<u>42.00</u>

Activity WSCs 190 + Revenue WSCs = 42.00 Base WSCs 232.00 = EAS Grade 11

Previous evaluation: EAS grade 11

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 NADINE.M.TREMBLAY@USPS.GOV
 Printed Name Signature
 ALBANY PFC District Review Coordinator 02/28/2011
 Title Date

Window Transaction Survey

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Window Transaction Survey

PO Name: PORT KENT ZIP+4: 12975 - 9998 Completed By: Y212F0
 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	9	1	0	0	0	2	0	1
Sun - 03/06	0	0	0	0	0	0	0	0
Mon - 03/07	12	0	0	0	0	0	0	0
Tue - 03/08	13	1	0	0	0	0	0	0
Wed - 03/09	9	0	0	0	0	0	0	0
Thu - 03/10	8	1	0	0	0	0	0	0
Fri - 03/11	12	3	1	0	0	0	0	0
Sat - 03/12	6	0	0	0	0	0	0	1
Sun - 03/13	0	0	0	0	0	0	0	0
Mon - 03/14	11	2	0	0	0	2	0	0
Tue - 03/15	19	1	0	0	0	5	0	1
Wed - 03/16	13	1	0	0	1	1	0	0
Thu - 03/17	12	6	2	0	0	0	1	1
Fri - 03/18	10	2	0	0	1	1	0	0
TOTALS	134	18	3	0	2	11	1	4
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	8.7	1.6	0.5	0.0	0.5	1.6	0.1	0.4
Average Number Daily Transactions:		14.4			Average Daily Retail Workload in Minutes:			13.4

Survey of Incoming Mail

Survey of Incoming Mail
(Record in Pieces)Post Office Name and Zip+4 PORT KENT 12975 - 9998Dates Recorded 03/05/2011 through 03/18/2011

Date	Letters		Flats		Parcels		Other	
	First Class	Standard	First Class	Standard	Priority	Standard		
Sat - 03/05	68	156	67	51	11	7	0	0
Sun - 03/06	0	0	0	0	0	0	0	0
Mon - 03/07	165	213	190	102	9	8	0	0
Tue - 03/08	132	97	49	62	7	9	0	0
Wed - 03/09	194	222	39	28	5	5	0	0
Thu - 03/10	198	179	111	82	9	6	0	0
Fri - 03/11	158	221	77	209	6	5	0	0
Sat - 03/12	186	436	31	37	7	4	0	0
Sun - 03/13	0	0	0	0	0	0	0	0
Mon - 03/14	111	97	103	128	8	5	0	0
Tue - 03/15	98	131	39	68	9	6	0	0
Wed - 03/16	87	143	68	86	3	1	0	0
Thu - 03/17	193	208	75	97	8	3	0	0
Fri - 03/18	237	194	87	201	11	17	0	0
TOTALS	1,827	2,297	936	1,151	93	76	0	0
Daily Average	152.3	191.4	78.0	95.9	7.8	6.3	0.0	0.0

Signature of Person Making Count: Y212F0
Printed Name: Y212F0
Date: 03/19/11

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 PORT KENT 12975 - 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	153	2	6	0	5	2	0	0
Sun - 03/06	0	0	0	0	0	0	0	0
Mon - 03/07	39	3	1	1	0	0	2	0
Tue - 03/08	86	1	8	0	2	1	0	0
Wed - 03/09	26	0	1	0	1	0	0	0
Thu - 03/10	42	0	0	0	2	0	0	0
Fri - 03/11	61	1	9	0	1	0	0	0
Sat - 03/12	43	1	0	0	0	1	0	0
Sun - 03/13	0	0	0	0	0	0	0	0
Mon - 03/14	49	2	4	0	0	1	1	0
Tue - 03/15	48	0	0	0	1	1	12	0
Wed - 03/16	31	0	2	1	0	1	1	0
Thu - 03/17	52	0	5	0	4	0	0	0
Fri - 03/18	57	0	5	0	0	1	2	0
TOTALS	687	10	41	2	16	8	18	0
Daily Average	57.3	0.8	3.4	0.2	1.3	0.7	1.5	0.0

Signature of Person Making Count: Y212F0
 Printed Name: Y212F0
 Date: 03/19/11



03/28/2011

OIC/POSTMASTER

SUBJECT: PORT KENT 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 PORT KENT 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 PORT KENT 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 04/11/2011. This information will be entered into the official record for public viewing.

Post Office Box	<u>190</u>
General Delivery	<u>0</u>
Rural Route (RR)	<u>0</u>
Highway Contract Route (HCR)	<u>0</u>
Intermediate RR	<u>0</u>
Intermediate HCR	<u>0</u>
City Delivery	<u>0</u>
Total Customers	<u>190</u>

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

KEESEVILLE POST OFFICE

NADINE TREMBLAY

Post Office Review Coordinator

Comments:

cc: Official Record



Docket: 1378088

-12975

From #4 Page 1

12/25/2011

SUBJECT: Possible Discontinuance of Post Office

The Postal Service is currently conducting an investigation concerning the possible discontinuance of the PORT KENT Post Office, 12975 - 9998, located in Essex 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: 3

Comments/Findings:

cc: Official Record



Item 14
Page 2

03/31/2011

NYS Police Dept
58 Liberty Street
Keeseville, NY 12844

SUBJECT: Possible Discontinuance of Post Office

The Postal Service is currently conducting an investigation concerning the possible discontinuance of the North Port Kent Post Office, 12975 - 9998, located in Essex 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: ____

Comments/Findings:

cc: Official Record

Post Office Survey Sheet

Post Office Name PORT KENT ZIP+4 12975-9998
Congressional District 23 Date 03/31/2011

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.

none known

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

3. Lease terms? 30-day cancellation clause? Lease expires 11/30/2015 90 day termination clause

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

none known Keeseville Post Office

5. List potential CPO sites.

CPU sites investigated by Retail

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. If there is a PMR, clerk or carriers, POOM will review vacancies elsewhere

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 Stop would be eliminated Collection box removed unless on the carriers line of travel no lock pouch

How Post Office boxes are installed? 328

How Post Office boxes are used? 190

What are the window service hours? 08:00 - 12:00 - 12:45 - 16:30 M-F

08:00 - 11:30 S

What are the lobby hours? 08:00-16:45 M-F

08:00-12:00 S

9. Have there been recent cases of mail theft or vandalism reported to the postmaster/OIC? Explain.

none known

10.	What equipment in the Post Office is not owned by the Postal Service (e.g., Post Office Boxes, furniture, safe)? <u>none known</u>
11.	List potential CBU/parcel locker sites and distances from present Post Office site. <u>the town park</u>
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? <u>none known</u>
13.	<p>Rural delivery/IRR delivery.</p> <p>a. What is current evaluation? _____</p> <p>b. Will this change result in the route being overburned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p> If so, what accommodations will be made to adjust the route? <u>Add Aux or split if needed</u></p> <p>c. How many boxes and miles will be added to the route? <u>154, box 1820 Miles</u></p> <p>d. What would be the additional annual expense if the route is increased? <u>27835</u></p> <p>e. What is the one-time cost of CBU/parcel locker installation (if appropriate)? <u>0</u></p> <p>f. At what time of the day does the carrier begin delivery to the community? _____</p> <p> Will this delivery time be affected if the office is discontinued? (Y or N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p> If so, how? <u>0</u></p>
14.	<p>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)? <input checked="" type="checkbox"/> More <input type="checkbox"/> Same <input type="checkbox"/> Less</p> <p><u>PORT KENT 5 KEESEVILLE 3</u></p>

Community Survey Sheet

Community Survey Sheet

Post Office Name	<u>PORT KENT</u>	ZIP+4	<u>12975-9998</u>
Congressional District	<u>23</u>	Date	<u>03/31/2011</u>

- Incorporated? Yes No

Local government provided by: Town of Chesterfield-Gerald Morrow

Police protection provided by: NYS Police Dept

Fire protection provided by: Keeseville Vol FD

School location: Ausable Valley Central School
- What population growth is expected? (Please document your source)

No data found. Used closed Post Office Keeseville Projected Annual Household Growth Rate: 0.17% see attached Growth Link
- What residential, commercial, or business growth is expected? (Please document your source)

see attached Sperlings Best Places
- 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.)

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

see attached city-data.com
- 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?

public bulletin board, community meeting location

ZIP CODE DEMOGRAPHIC REPORT

No data was found for the entered ZIP Code.
Please check your ZIP request carefully.

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PAGE 2

When **no** household growth data is found for a particular ZIP code, it is often discovered that the ZIP Code is for a PO box section within a Postal facility, has no associated geographic delivery territory, or is a new ZIP code.

To learn more about the nature of a specific ZIP Code, please contact the servicing Postmaster. Thank You.

New ZIP Code Search

| [Home](#) | [USPS Blue](#) | [Assistance](#) |

ZIP CODE DEMOGRAPHIC REPORT

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PAGE 3

Post Office Name: Keeseville, NY
ZIP Code: 12944

Total Population:		Total Households:	
2010	4,504	2010	1,810
2015	4,514	2015	1,825

Projected Annual Household Growth Rate: 0.17%

Facility Planning 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: PORT KENT

Office Zip+4: 12975 -9998 District: ALBANY PFC

1. Enter the number of additional boxes to be added to the route 154 x 3.64 hours per year 560.56

2. Enter the number of additional miles to be added to the route 18.20 x 10.40 hours per year 189.28

Total time added to the route 749.84

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) 26,244.40

Rural Route Cost Analysis Form

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Rural Route Carrier Estimated Cost for Alternative Replacement Service			
Office Name:	<u>PORT KENT</u>	District	<u>ALBANY PFC</u>
Office Zip+4:	<u>12975 -9998</u>		
1.	Enter the number of additional boxes to be added to the rural route	<u>154</u>	
2.	Enter the number of additional miles to be added to the route	<u>18.20</u>	
	Enter the volume factor	<u>1.81</u>	
	Total (additional boxes x volume factor)		<u>278.74</u>
3.	Enter the number of additional boxes to be added to the rural route	<u>154</u>	
	Centralized boxes	<u>0.00</u>	x 1.00 Min <u>0.00</u>
	Regular L route boxes	<u>0.00</u>	x 1.82 Min <u>0.00</u>
	Regular Non-L route boxes	<u>154.00</u>	x 2.00 Min <u>308.00</u>
	Total additional box allowance		<u>308.00</u>
4.	Enter the number of additional daily miles to be added to the rural route	<u>18.20</u>	x 12 Mileage Standard <u>218.40</u>
	Total additional minutes per week (miles carried to two decimal places)		<u>805.14</u>
5.	Total additional annual minutes (additional minutes per week year)	<u>805.14</u>	x 52 Weeks <u>41,867.28</u>
6.	Total additional annual hours (additional annual minutes/ 60 minutes per hour)	<u>41,867.28</u>	/ 60 Minutes <u>697.79</u>
7.	Enter the rural cost per hour (see national payroll summary report – rural carrier, consolidated)	<u>39.89</u>	
	Total Annual Cost (additional annual hours x rural cost per hour)		<u>27,834.76</u>
8.	Enter lock pouch allowance (if applicable)		0.00
	Total annual cost for alternate service (annual cost minus lock pouch allowance)		<u>27,834.76</u>

U.S. Postal Service POST OFFICE CLOSING OR CONSOLIDATION PROPOSAL Fact Sheet				1. Date Prepared 06/15/2011																								
2. Post Office Name PORT KENT		3. State and ZIP + 4 Code NY, 12975-9998																										
4. District, Customer Service ALBANY PFC	5. Area, Customer Service NORTHEAST	6. County Essex	7. Congressional District 23																									
8. Reason for Proposal to Discontinue The Port Kent office is currently vacant. This is a management initiated study to determine if regular and effective postal services can be adequately provided from the Keeseville office at a distance of 4.25 miles.		9. PO Emergency Suspend (Reason and Date) No Suspension		10. Proposed Permanent Alternate Service																								
11. Staffing		12. Hours of Service																										
a. <input type="checkbox"/> PM <input checked="" type="checkbox"/> PM Vacancy Reason & Date: resigned Occupied 08/29/2009 b. <input type="checkbox"/> OIC <input type="checkbox"/> Career <input type="checkbox"/> Non-Career c. Current PM POSITION Level (150) EAS-11 Downgraded from EAS-11 d. No. of Clerks- 0 No. of Career- 0 No. of Non-Career- 0 e. No. of Others- 0 No. of Career- 0 No. of Non-Career- 0		a. Time M-F 08:00 to 12:00 and 12:45 to 1:30 Sat 10:00 to 11:30 Total Window Hours Per Week a. Lobby Time M-F 08:00 to 16:45 Sat 08:00 to 12:00 42.25																										
13. Number of Customers Served		14. Daily Volume (Pieces)																										
a. General Delivery 0 b. P.O. Box 100 c. City Delivery 0 d. Rural Delivery 0 e. Highway Contract Route Box 0 f. Total 190 g. No. Receiving Duplicate Service 0 h. Average No. Daily Transactions 14.40		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Types of Mail</th> <th>Received</th> <th>Dispatched</th> </tr> </thead> <tbody> <tr> <td>a. First-Class</td> <td>343</td> <td>58</td> </tr> <tr> <td>b. Newspaper</td> <td>173</td> <td>3</td> </tr> <tr> <td>c. Parcel</td> <td>14</td> <td>2</td> </tr> <tr> <td>d. Other</td> <td>0</td> <td>1</td> </tr> <tr> <td>e. Total</td> <td>530</td> <td>64</td> </tr> <tr> <td>f. No. of Postage Meters</td> <td></td> <td>0</td> </tr> <tr> <td>g. No. of Permits</td> <td></td> <td>0</td> </tr> </tbody> </table>			Types of Mail	Received	Dispatched	a. First-Class	343	58	b. Newspaper	173	3	c. Parcel	14	2	d. Other	0	1	e. Total	530	64	f. No. of Postage Meters		0	g. No. of Permits		0
Types of Mail	Received	Dispatched																										
a. First-Class	343	58																										
b. Newspaper	173	3																										
c. Parcel	14	2																										
d. Other	0	1																										
e. Total	530	64																										
f. No. of Postage Meters		0																										
g. No. of Permits		0																										
Finances a. FY		Receipts	b. EAS Step 1 PM Basic Salary (no Cost)	c. PM Fringe Benefits (31.6% of b.)																								
2008		\$ 23,772	\$ 13,168	\$ 11,111																								
2009		\$ 24,124																										
2010		\$ 22,682																										
15a. Quarters																												
<input type="checkbox"/> Postal Owned <input checked="" type="checkbox"/> Leased (if Leased, Expiration Date) 11/01/2015 Annual Lease \$ 13100 30-day cancellation clause? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Evicted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, must vacate by) Located at: <input type="checkbox"/> Business <input type="checkbox"/> Home <input checked="" type="checkbox"/> Other Suitable alternate quarters available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																												
15b. Explain: 90 day termination clause. Alternate service at Keeseville Post Office																												
17. Schools, Churches and Organization in Service Area: No: 0		18. Administrative/Emailing Office (Proposed):																										
		Name <u>KEESEVILLE</u> EAS Level <u>18</u> Miles Away <u>4.3</u> Window Service Hours: M-F 08:00 to 12:00 and 13:00 to 17:00 SAT 09:00 to 11:30 Lobby Hours: M-F 07:00 to 17:30 SAT 07:00 to 12:00 PO Boxes Available: <u>308</u>																										
18. Businesses in Service Area: No: 7		20. Nearest Post Office (if different from above):																										
Maggie Pulp for Approved Central School FCU, Upstate Design, Ausable River Lodge 648, Harmony Golf Club & Community-Mating Inc, Port Kent Development Inc., Accord Electric LLC, Stoves and Chimneys		Name <u>KEESEVILLE</u> EAS Level <u>18</u> Miles Away <u>4.3</u> Window Service Hours: M-F 09:00 to 17:00 SAT 09:00 to 11:30 Lobby Hours: M-F SAT PO Boxes Available: <u>0</u>																										
21. Prepared by																												
Permit Name and Title NADINE TREMBLAY		Signature NADINE TREMBLAY		Telephone No. AC () (518) 452-4085																								
PO Discontinuance Coordinator Name NADINE TREMBLAY		Telephone No. AC () (518) 452-4085		Location ALBANY, NY																								



A. Office

Name: PORT KENT State: NY Zip Code: 12975
Area: NORTHEAST District: ALBANY PFC
Congressional District: 23 County: Essex
EAS Grade: 11 Finance Number: 356755
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
Title: ALBANY PFC Post Office Review Coordinator
Tele No. (518) 452-4085

Date: 04/12/2011
Fax No: (518) 464-7429



05/19/11

OIC/POSTMASTER

SUBJECT: PORT KENT Post Office

Enclosed are questionnaires addressed to customers of the PORT KENT 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



05/10/2011

POSTAL CUSTOMER
PORT KENT POST OFFICE
PORT KENT, NY 12975

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 Port Kent Post Office resigned on 08/29/2009. The Office is being studied for possible closing or consolidation for the following reasons: The Port Kent office is currently vacant. This is a management initiated study to determine if regular and effective postal services can be adequately provided from the Keeseville office at a distance of 4.25 miles.

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 independent post office emanating from the Keeseville Post Office.

Retail services are also available at the Keeseville Post Office, located 4.3 miles away. Hours of service at this office are 09:00 to 12:00 and 13:30 to 17:00, Monday through Friday, and 09:00 to 11:30 on Saturday. Post Office box service is available at this location at increased fees.

PO Box Customers who retain their PO Box WILL NOT 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 independent post office. Please return the enclosed questionnaire by 05/19/2011 using the pre-addressed envelope provided or at the community meeting. Please be aware that, if we formalize a proposal, your questionnaire will become part of an official record and will be available for public viewing.

You may, of course, want to discuss this form of service with us before drawing any conclusions. Postal representatives will be at the Port Kent Post Office (Open House style format) arrive anytime on Thursday, May 19, 2011 from 9:00 am to 12:00 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) 452-4085.

Thank you for your assistance.

Sincerely,

A handwritten signature in black ink that reads "Daniel Cronin". The signature is written in a cursive style with a large initial "D" and "C".

DANIEL CRONIN
Manager, Post Office Operations
30 Kamer Rd
Albany, NY, 12288-9992

Enclosures.

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



Postal Service Customer Questionnaire

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

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

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.



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

Mailing Address

Name: _____

Address: _____

Telephone: _____

Date: _____

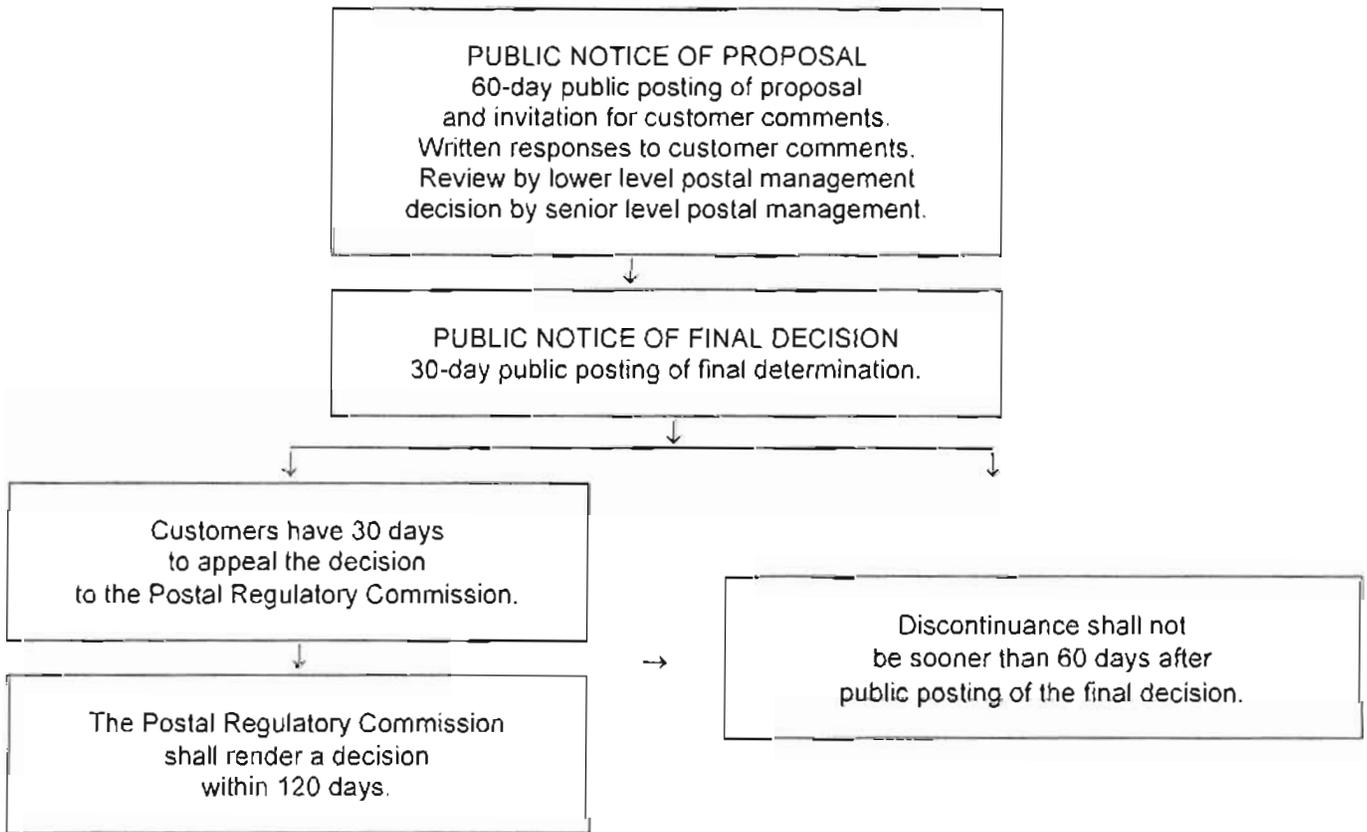
Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

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.



DOCKET NO.

1378088-12975

ITEM NO.

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Notice

Services at the
Port Kent Post Office
are being studied for possible
discontinuance.

Postal Representatives will be at
the Port Kent Post Office, 31 First
Street, Port Kent NY 12975 on
05/19/2011 from 9:00 AM to 12:00
PM to discuss alternative services
available to the community, the
service you now receive, and what
effect officially discontinuing the
Port Kent Post Office will have on
customers and the community.

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



Postal Service Customer Questionnaire

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

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/> <i>Some Times</i>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:



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 ^{much}

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 Plattsburgh
- Personal needs Plattsburgh
- Banking Keenick
- Employment Local
- Social needs Local

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:

Paul Parrow

Address:

P.O. Box 169 Port Kent NY 12725

Telephone:

518-834-9088

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.



Postal Service Customer Questionnaire

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

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

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:



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 Plattsburgh N.Y
- Personal needs Plattsburgh N.Y
- Banking Kennett N.Y
- Employment Retired
- Social needs Kennett NY & Plattsburgh 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: Norma LaChance

Address: 49 Second Street, Port Kent N.Y P.O Box 23

Telephone: 518-834-5161

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.



Postal Service Customer Questionnaire

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

Postal Services

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

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:



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: ~~None~~ I work in ~~the~~ Plattsburgh - Keeseville
is in the opposite direction - NOT convenient for
Daily mail pickup

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
- Plattsburgh

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

- Yes No only the post office

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

- Yes No

Name:

DANA Rohleder

Address:

110 RT 373 PO Box 305 Port-Kent

Telephone:

518-034-9951

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.



Postal Service Customer Questionnaire

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

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

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



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 DYER

Address: 36 Doill St. Port Kent, NY 12975

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.



Postal Service Customer Questionnaire

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

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

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: _____



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:

Alan D. Prentiss

Address:

14 North St.

Telephone:

518-834-7646

Date:

May 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.



Postal Service Customer Questionnaire

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

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

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:



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 distance of 4.3 miles is excessive to
check ones postal box & will we now have home delivery
if a Post Kent office is discontinued?

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

- Shopping Plattsburgh, NY
 Personal needs Plattsburgh, NY
 Banking Plattsburgh, NY
 Employment Plattsburgh, NY
 Social needs Mostly in Port Kent

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 Hatfield

Address: 60 North St, P.O. Box 112, Port Kent, NY 12975

Telephone: 518-834-1590

Date: 5/14/2011

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.

A very strong point to make here is that we have continuously had service at our post office regardless of official Post Master retiring. A further point to make is that Port Kent and its surrounding community is a growing one; in other words, we have ~~had~~ seen the local population actually grow in recent years. There are now eight new homes in this area with thirty to forty planned in preceding years. Final point is that Port Kent Office is 180 years old.



Postal Service Customer Questionnaire

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

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

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:



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: Marie L. Penney
Address: 26 South St. PO Box 41
Telephone: 5188349958
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.



Postal Service Customer Questionnaire

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

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

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:



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 have 2 86 year olds living here that walk
got their mail they cannot drive my husband & I
work out of area & cannot get to Keeseville post office while open.*

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

- Shopping *We never go to Keeseville*
 Personal needs *ever*
 Banking *that is 10 miles a day*
 Employment *out of our way & gas is*
 Social needs *too expensive.*

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:

Laurie Reynolds

Address:

Po Box 132 Port Kent NY 12975

Telephone:

518 643-9906 518-420-7365 cell

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.

This is absolutely unacceptable and I need to know whom to complain too. You either need to keep it open or deliver mail like all other communities.



Postal Service Customer Questionnaire

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

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

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:

Leesville P.O. - Have to buy there also



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 *Only the golf course & restaurant*

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

Yes No

Name: *Patricia J. Latruscio*

Address: *7 Fairway Dr. P.O. Box 218, Port Kent, NY*

Telephone: *518 834-9902* 12975

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.



Postal Service Customer Questionnaire

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

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

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:



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: Nancy A. TETRAULT

Address: P.O. Box 4, 14 North St., Port Kent, NY

Telephone: 518-834-9386

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.



Postal Service Customer Questionnaire

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

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

When needed

Other Postal Services

- a. Entering permit mailings - *Trying to set up* 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:

Never



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

Does not apply in PK.
no stores

Name: Donna Abair

Address: P.O. Box 119 Port Kent, NY 12975

Telephone: 518-834-9505

Date: 5-13-2011

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.

PLEASE DO NOT CLOSE!

4.3 miles away X how many days per year?

\$ MORE out of our pocket.

I also use for my business!



Postal Service Customer Questionnaire

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

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

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:



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 WILL BE VERY INCONVENIENT FOR US, NOT ON WAY TO WORK.

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

- Shopping — KEESEVILLE (RARELY) PLATTSBURGH
- Personal needs PLATTSBURGH
- Banking — MOSTLY ON-LINE BANKING OR PLATTSBURGH BRANCH
- Employment — CUPH PLATTSBURGH / WOODMEN OF THE WORLD PLATTSBURGH
- Social needs

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

- Yes No THERE AREN'T ANY!

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

- Yes No

Name: ELIN + MILLARD ROCK

Address: 221 RTE 373 PO BOX 159 PORT KENT NY 12975

Telephone: 518-834-1575

Date: 5/14/11

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.



Postal Service Customer Questionnaire

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

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

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: _____



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 Keesville and Plattsburgh
- Personal needs Plattsburgh
- Banking Keesville and Washington, D.C.
- Employment N/A
- Social needs Plattsburgh

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: Anne Handly

Address: 27 Lake St, Port Kent P.O. Box 65

Telephone: 834 - 7137

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.



Postal Service Customer Questionnaire

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

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

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:



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 *the golf course & ferry are the only businesses in Port Kent*

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

- Yes No

Name: John Meredith

Address: 34 Second Street, Port Kent, NY 12975

Telephone: 518-834-5234

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.



Postal Service Customer Questionnaire

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

Postal Services

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

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:



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?

- | | | |
|-------------------------------------|----------------|--------------|
| <input checked="" type="checkbox"/> | Shopping | Plattsburgh |
| <input checked="" type="checkbox"/> | Personal needs | Plattsburgh |
| <input checked="" type="checkbox"/> | Banking | - Keeseville |
| <input type="checkbox"/> | Employment | N/A |
| <input checked="" type="checkbox"/> | Social needs | Plattsburgh |

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

- Yes No — None in the community

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

- Yes No

Name: TINA + NORMAN GRAVELLE

Address: P.O. Box 96, Port Kent, NY 12975

Telephone: 518-834-9671

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.



Postal Service Customer Questionnaire

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

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

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 are both 86 years old we need our Post Office.



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: Victor W Dean -

Address: Box 174 Port Kent NY

Telephone: 834-9630

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.



Postal Service Customer Questionnaire

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

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

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:



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.



Postal Service Customer Questionnaire

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

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

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:



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: WILL HAVE TO TRAVEL OUT OF TOWN SPECIFICALLY TO VISIT 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 THERE ARE NO OTHER BUSINESSES IN THE PORT KONG AREA,
- Personal needs
- Banking
- Employment
- Social needs

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

- Yes No THERE ARE NONE

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

- Yes No NA

Name: RICHARD / MARCIA KRANOR

Address: 19 VILLA LN PORT KONG

Telephone: 518 834 7397

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.



Postal Service Customer Questionnaire

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

Postal Services

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

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:



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?

- | | | | |
|-------------------------------------|----------------|-------------|----|
| <input checked="" type="checkbox"/> | Shopping | Plattsburgh | NY |
| <input checked="" type="checkbox"/> | Personal needs | " | " |
| <input checked="" type="checkbox"/> | Banking | " | " |
| <input type="checkbox"/> | Employment | Retired | |
| <input checked="" type="checkbox"/> | 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 A. Carlson

Address: P.O. Box 177 Port Kent, NY 12975

Telephone: 518-834-5001

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.



Postal Service Customer Questionnaire

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

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

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:



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 would have to drive 4.5 miles (each way) daily; Keeseville post office not even open during lunch hour - not convenient at all -

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

- Shopping Plattsburg
- Personal needs Plattsburg
- Banking Once month - Keeseville
- Employment Varies - once weekly -
- Social needs Plattsburg

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

- Yes No NOT Keeseville

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

- Yes No W/A

Name: Anne Porter

Address: PO Box 90, Port Kent, NY 12975

Telephone: 518-834-9977

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.



Postal Service Customer Questionnaire

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

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AS NEEDED
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AS NEEDED
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:



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 PLATTSBURGH
- Personal needs
- Banking PLATTSBURGH, KEESVILLE
- Employment
- Social needs

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

- Yes No N/A

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

- Yes No

Name: STEVE & DIANE LOIACONO

Address: 227 ROUTE 373

Telephone: 834-7854

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.



Postal Service Customer Questionnaire

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

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

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: _____



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.



Postal Service Customer Questionnaire

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

Postal Services

	Daily	Weekly	Monthly / Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <i>bi monthly</i>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <i>3 times 2 yr</i>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>

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:



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 Keeseville, Peru, Plattsburgh
- Personal needs Peru, Plattsburgh
- Banking Peru, Plattsburgh
- Employment Plattsburgh, Clinton Community College
- Social needs Plattsburgh, Port Kent

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

- Yes No no local businesses

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

- Yes No

Name: JUDITH A. CORIGLIANO

Address: 25 FIRST STREET

Telephone: 518-834-9915

Date: 5/14/2011

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.



Postal Service Customer Questionnaire

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

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

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: _____



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 Plattsburgh
- Personal needs Plattsburgh, Keeseville
- Banking Plattsburgh
- Employment N/A
- Social needs Keeseville

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

- Yes No are none

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

- Yes No

Name: Sally B Ryan

Address: 356 Trembleau Rd., Fort Kent, N.Y. 12975

Telephone: (518) 834-1149

Date: 5/14/11

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.



Postal Service Customer Questionnaire

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

Postal Services

		Daily	Weekly	Monthly	Never
a. Buying Stamps	<i>When needed</i> X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	X	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	X	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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) X YES NO
- b. Using for school bus stop YES NO
- c. Assisting senior citizens, persons with disabilities, etc. YES NO
 If yes, please explain: *if you need help you get it*

- 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:



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 PLBG
- Personal needs PLBG
- Banking PLBG
- Employment Retired (Born in Port Kent)
- Social needs Meeseville and PLBG

5. Do you currently use local businesses in the community? There are no local Bus. in Port Kent
 Yes No

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

- Yes No

Name: Robert Rennell

Address: 42 West St

Telephone: 518-834-7449

Date: 5-14-11

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.



05/10/2011

POSTAL CUSTOMER
PORT KENT POST OFFICE
PORT KENT, NY 12975

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 Port Kent Post Office resigned on 08/29/2009. The Office is being studied for possible closing or consolidation for the following reasons: The Port Kent office is currently vacant. This is a management initiated study to determine if regular and effective postal services can be adequately provided from the Keeseville office at a distance of 4.25 miles.

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 independent post office emanating from the Keeseville Post Office.

Retail services are also available at the Keeseville Post Office, located 4.3 miles away. Hours of service at this office are 09:00 to 12:00 and 13:30 to 17:00, Monday through Friday, and 09:00 to 11:30 on Saturday. Post Office box service is available at this location at increased fees.

PO Box Customers who retain their PO Box WILL NOT 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 independent post office. 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 Port Kent Post Office (Open House style format) arrive anytime on Thursday, May 19, 2011 from 9:00 am to 12:00 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) 452-4085.

Thank you for your assistance.

Sincerely,

DANIEL CRONIN
Manager, Post Office Operations
30 Kamer Rd
Albany, NY, 12288-9992

We have had service here steadily. (you gave all the people you sent the wrong impression (I wonder why)? Bob Rennell

Enclosures:

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

many people like to use this post office. where else can they get this kind of service?

there has been a post office in Port Kent since before 1922



Postal Service Customer Questionnaire

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

Postal Services

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

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:



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: Do you expect us to drive
3000 miles a year to get our mail?
6x per week = ~60 miles a week X 52 weeks = 3120 miles

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

- | | | |
|-------------------------------------|----------------|--------------------|
| <input checked="" type="checkbox"/> | Shopping | <u>Plattsburgh</u> |
| <input checked="" type="checkbox"/> | Personal needs | <u>''</u> |
| <input checked="" type="checkbox"/> | Banking | <u>''</u> |
| <input checked="" type="checkbox"/> | Employment | <u>''</u> |
| <input checked="" type="checkbox"/> | Social needs | <u>''</u> |

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: Steve Bullis
Address: P.O. Box 302 Port Kent NY 12975
Telephone: 518-834-4693
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.

Port Kent is a growing community. The Town of Chestertown has invested significant resources in Port Kent, including a new park and water systems. An 18 hole golf course surrounded by new homes is also being developed. This is not the time to close a post office which has been operating in Port Kent for almost 200 years.



Postal Service Customer Questionnaire

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

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

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



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 - Plattsburgh
- Personal needs
- Banking - Plattsburgh
- Employment - Plattsburgh
- 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: Emily Halstine

Address: 41 Lake St

Telephone: (719) 321-1092

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.



Postal Service Customer Questionnaire

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

Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OCCASIONALLY
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Very Seldom
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OCCASIONALLY
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

PORT KENT Post Office
is nearer my home



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 very seldom go to Keeseville as there ARE no stores

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

- Shopping PHATTSBURG
- Personal needs PHATTSBURG OR PERU
- Banking PHATTSBURG
- Employment RETIRED
- Social needs PHATTSBURG

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 N/A

Name: Virginia Mawley

Address: PO Box 138, Port Kent, NY on 40 Ausable Beach Rd
Peru, NY

Telephone: 518 834-5068 12972

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.

You would be much better to put us at the Peru Post Office I had much rather to go to Peru than Keeseville



Postal Service Customer Questionnaire

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

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

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:



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 Plattsburgh
- Personal needs Plattsburgh
- 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: DIANA + ROBERT SCHWARZ

Address: #121 PORT KENT CAMPSITE, PORT KENT

Telephone: 518 834-7737

Date: May 14, 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.



Postal Service Customer Questionnaire

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

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

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:

121



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.



Postal Service Customer Questionnaire

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

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

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:

Pay Taxes

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:



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: Will cost me \$740.79 yearly to get mail (gas price @ current \$4.19 per gallon) Don't use the next town often for trips.

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

- Shopping Plattsburgh, Peru, Keeseville But not daily
- 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: Carol Crounghield
Address: 54 Sable Street Port Kent NY
Telephone: 834-5029
Date: 5/19/2011

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.

This will be a financial and physical hardship on myself and my husband. The post office also represents a social opportunity to find out what is going on in town and that is PRICELESS!



Postal Service Customer Questionnaire

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

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

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:

No I work in a dr. office-pick up mail @ 8 AM. My work hours 8³⁰-5pm I can not make it to Keeseville Post Office.



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: Teresa E Schwantz

Address: 31 North St

Telephone: 834-1548

Date: 5/19/2011

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.



Postal Service Customer Questionnaire

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

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

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: _____



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: Tom Harrigan

Address: P O Box 223

Telephone: 518-834-7132

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.



Postal Service Customer Questionnaire

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

Postal Services

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

Other Postal Services

a. Entering permit mailings	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Resetting/using postage meter	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Using for school bus stop	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
c. Assisting senior citizens, persons with disabilities, etc.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

If yes, please explain:

d. Using public bulletin board	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
e. Other	<input type="checkbox"/> YES	<input type="checkbox"/> 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:



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: *Conute*

Address: *PO Box 181 Post Kent NY 12975*

Telephone: _____

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.



Postal Service Customer Questionnaire

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

Postal Services

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

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:

Public Library

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:



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 Pittsborough / Keeseville
- Personal needs _____
- Banking Keeseville
- 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 Natvig

Address: 30 Bolivar Port Kent NY

Telephone: 450-461-3723

Date: 15 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.



Postal Service Customer Questionnaire

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

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

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 in Elizabethtown and I pass by Lewis Post Office



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: Will not have immediate needs met

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

- Shopping Plattsburgh
- Personal needs " "
- Banking " "
- Employment Chateaufort
- 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: Cynthia Wenzel

Address: PO Box 134, 19 Sable St Post Kent, NY 12975

Telephone: 518-834-9181

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.



Postal Service Customer Questionnaire

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

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

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: _____

Port Kent Community Need this P.O. to stay here. Serves A huge Amount of Customers



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: Doe Bullis

Address: PO Box 72

Telephone: 518 834-7629

Date: 4-17-11

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.



Postal Service Customer Questionnaire

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

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

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:

There are many individuals in the community who have disabilities are elderly who I have assisted in getting mail.

- d. Using public bulletin board YES NO
- e. Other YES NO

If yes, please explain:

The people in Port Kent have had ~~many~~ much taken away. The PO is a meeting place & a place for seniors to go & see people.

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:

4.25 miles each way = 8.5 miles driving a day (x) 6 days a week = 51 miles
 51 miles a week to get mail (x) 52 weeks a year = 2652 miles a year
 2652 miles a year at (30 miles per gallon) = 88.4 gallons (x) 4.00 gallon =
 (an additional \$ 352 per household a year for household to get the mail)



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 will not be convenient & the additional 4.25 miles will add up considering the price of gas.

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 Green Street Clarksville
 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:

Cherie Countryshield

Address:

Bolivar Street Post Kent, NY 12075

Telephone:

834-7025

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.

The seniors & Community regularly go there to meet. It is a social place for many who do not drive. I strongly believe that it should not move to Keeseville for it is all that we have in the winter. It will affect the elderly who do not drive & I myself have & now feel more "Community" from the services there "PO". It would be a huge mistake to take this important service away for it does much more for the community than just deliver mail. where will our tax dollars go then??

**Additional Cost Per Year/Per Household if We have
to Travel to Keeseville to get Our Mail !!!!!!!!!!!**

\$353.60

We all received a letter stating that the P.O. could move to Keeseville and we would have to travel a distance of 4.25 miles (8.5 miles round trip) each day to get our mail.....

What does that mean in dollars \$\$\$\$\$\$\$\$\$

8.5 miles at 6 days a week = 51 miles total a week.....

That's 51 miles a week just to get our mail!!!!!!

51 miles a week "x" 52 weeks per year = 2,652 miles total

That's an additional 2,652 miles on your car!!!!

2,652 miles a year at say 30 miles per gallon mileage???...

**That's 88.4 gallons of additional gasoline
purchased a year just to get your mail!!!!!!..**

88.4 gallons of gasoline at say \$4.00 a gallon = \$ 353.60.

**That's an additional \$353.60 a year per-
household just to get your mail !!!CRAZY!!!**



Postal Service Customer Questionnaire

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

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

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 closest P.O. is Keeseville, VT, & I am very rarely in Keeseville. I work in Plattsburgh on the outermost south side. I am never in the area of the Plattsburgh P.O. I check the bulletin board daily for local important information. I have also noticed



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 Plattsburgh
- Personal needs "
- Banking "
- Employment "
- Social needs " & Port Kent

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: S. Baire
Address: 35 Sable St. Port Kent, NY 12975
Telephone: 518-834-9374
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.

cont'd.
There are many elderly residents in Port Kent that require a local P.O. & think it would be a hardship to them if indeed it did close.

Sincerely,
S. Baire



Postal Service Customer Questionnaire

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

Postal Services

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

Other Postal Services

a. Entering permit mailings	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Resetting/using postage meter	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Using for school bus stop	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Assisting senior citizens, persons with disabilities, etc.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

If yes, please explain:

d. Using public bulletin board	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
e. Other	<input type="checkbox"/> YES	<input type="checkbox"/> 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:



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 live in 3 miles off of RT 9, we will then have to drive 7 miles to get our mail in the am or go by RT 373 to go to Keeswilk. It will be inconvenient either way.

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

- | | | |
|-------------------------------------|----------------|------------------------|
| <input checked="" type="checkbox"/> | Shopping | Plattsburgh |
| <input checked="" type="checkbox"/> | Personal needs | Plattsburgh |
| <input checked="" type="checkbox"/> | Banking | Keeswilk / Plattsburgh |
| <input checked="" type="checkbox"/> | Employment | North County area |
| <input checked="" type="checkbox"/> | Social needs | Plattsburgh |

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:

Tara Cronin

Address:

POB 200 PORT KENT, NY 12975

Telephone:

518-834-5014

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.

This Post office is a hub for not only mail but social events and socializing for some of the people of Port Kent who rarely leave here.

"Don't Take our Post Office"!



Postal Service Customer Questionnaire

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

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

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: Swap of Magazines - PK info - Dates

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: _____



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 kind P.O. is convenient, efficient and I can get my mail as early as 9:00 AM - This includes Pkgs. I am employed FT and trying to get to Keeseville would be very difficult.

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

- Shopping Plattsburgh
- Personal needs Plattsburgh
- Banking Willsboro
- Employment Willsboro
- 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: Jon Cooper

Address: 20 First St. Post kind NY 12975

Telephone: 518-570-9398

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.

Closing and or moving the PK Post office is not a good idea. Especially moving it to Keeseville would make it very difficult for a working individual to pick up there mail. My lunch is the same time the PO is closed. you would have to keep the PO open late, say 9:00 pm or early say 7:00 AM in order to get our mail.



Postal Service Customer Questionnaire

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

Postal Services

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

Other Postal Services

a. Entering permit mailings	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Resetting/using postage meter	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Using for school bus stop	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Assisting senior citizens, persons with disabilities, etc.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

If yes, please explain:

d. Using public bulletin board	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
e. Other	<input type="checkbox"/> YES	<input type="checkbox"/> 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?

<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
------------------------------	--

If yes, please explain:



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:

Keeseville is too far to travel on a daily basis, I use a PO Box.

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

- Shopping Plattsburgh
- 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 Weisburgh

Address:

PO Box 106 Port Kent

Telephone:

518 834-5109

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.



Postal Service Customer Questionnaire

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

Postal Services

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

Other Postal Services

a. Entering permit mailings	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Resetting/using postage meter	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Nonpostal Services

a. Picking up government forms (such as tax forms)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Using for school bus stop	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Assisting senior citizens, persons with disabilities, etc.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

If yes, please explain:

d. Using public bulletin board	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
e. Other	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> 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?

<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
------------------------------	--

If yes, please explain:



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: LEAVE THINGS THE WAY THEY ARE!

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: J. SWIDOR

Address: PO BOX 158 PORT KENT NY 12975

Telephone: _____

Date: 17 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.



Postal Service Customer Questionnaire

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

Postal Services

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

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:



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 Local
- Personal needs Local
- Banking Local / out of area
- Employment Ø
- Social needs Local / out of area

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

- Yes No Plattsburg

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

- Yes No

Name: Ruth Ann Wayshner

Address: 68 Water Edge Rd., Freeseville 12944

Telephone: 834 5594

Date: May 19 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.



Postal Service Customer Questionnaire

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

Postal Services

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

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 weekdays I might be able to make it to another post office before they close, would be close. on Saturday would have to go out of my way to go to the post office.



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 as convenient to have to use the KEESVILLE 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 Plattsburgh
- Personal needs
- Banking mostly online, occasionally Plattsburgh
- Employment WESTPOT
- 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: CARRIE & MIKE BOQUETTE

Address: 55 SABLE ST PO BOX 197 West Kent NY 12975

Telephone: 518 834 9859

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.



Postal Service Customer Questionnaire

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

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

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:

The Port Kent Post Office is vital to the social fabric of the community

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:

please don't close it!



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 _____
- Plattsburgh, 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: Kristen Dame

Address: 16 Lumber St. Port Kent, NY 12975

Telephone: (518) 834-9766

Date: 5-14-11

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.

RE: Port Kent NY
Docket# 1378088-12975
Item 22
Page 95

May 24, 2011

Memo to the record. On 05/12/11 at 12:26 pm, received a call from Lori Reynolds at 518-643-9906. Her concern was the distance of 10 miles a day to get mail and felt this was unacceptable. She felt the Post Office should either stay open or delivery the mail.

On 05/18/11, at 2:35 pm, I returned her call and informed her that rural delivery is also being considered.

Nadine Tremblay

Nadine Tremblay
Post Office Review Coordinator

96



05/24/2011

PAUL PARROW
PO BOX 169
PORT KENT, NY 12975

Dear Postal Service Customer:

Thank you for returning your questionnaire concerning the proposed discontinuance of the Port Kent Post Office. Your comments, along with others received, will be included in the official record and considered carefully before further action is taken.

If it is determined that a discontinuance of the Port Kent Post Office should be pursued, a formal proposal will be posted in the Keeseville Post Office and Port Kent Post Office at a later date. If you have additional questions or comments, please feel free to contact Nadine Tremblay at (518) 452-4085.

Sincerely,

A handwritten signature in black ink that reads "Daniel E. Cronin".

Daniel Cronin
Manager, Post Office Operations
30 Karner Rd
Albany, NY, 12288-9992



05/24/2011

NORMA LACHAUNCE
PO BOX 23
PORT KENT, NY 12975

Dear Postal Service Customer:

Thank you for returning your questionnaire concerning the proposed discontinuance of the Port Kent Post Office. Your comments, along with others received, will be included in the official record and considered carefully before further action is taken.

If it is determined that a discontinuance of the Port Kent Post Office should be pursued, a formal proposal will be posted in the Keeseville Post Office and Port Kent Post Office at a later date. If you have additional questions or comments, please feel free to contact Nadine Tremblay at (518) 452-4085.

Sincerely,

A handwritten signature in black ink that reads "Daniel E. Cronin". The signature is written in a cursive, flowing style.

Daniel Cronin
Manager, Post Office Operations
30 Kamee Rd
Albany, NY, 12288-9992



05/24/2011

DANA ROHLEDEN
PO BOX 305
PORT KENT, NY 12975

Dear Postal Service Customer:

Thank you for returning your questionnaire concerning the proposed discontinuance of the Port Kent Post Office. Your comments, along with others received, will be included in the official record and considered carefully before further action is taken.

In response to your letter:

- You expressed a concern about having to travel to another post office for service. Services provided at the post office will be available from the carrier, and customers will not have to travel to another post office for service. Most transactions do not require meeting the carrier at the mailbox. Stamps by Mail and Money Order Application forms are available for customer convenience.

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Sincerely,

A handwritten signature in cursive script that reads "Daniel E. Cronin".

Daniel Cronin
Manager, Post Office Operations
30 Karner Rd
Albany, NY, 12288-9992



05/24/2011

RICHARD DYER
36 SOUTH STREET
PORT KENT, NY 12975

Dear Postal Service Customer:

Thank you for returning your questionnaire concerning the proposed discontinuance of the Port Kent Post Office. Your comments, along with others received, will be included in the official record and considered carefully before further action is taken.

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Sincerely,

A handwritten signature in black ink that reads "Daniel E. Cronin". The signature is written in a cursive style with a large initial "D".

Daniel Cronin
Manager, Post Office Operations
30 Kamer Rd
Albany, NY, 12288-9992



05/24/2011

ALLAN D. PRENTISS
14 NORTH STREET
PORT KENT, NY 12975

Dear Postal Service Customer:

Thank you for returning your questionnaire concerning the proposed discontinuance of the Port Kent Post Office. Your comments, along with others received, will be included in the official record and considered carefully before further action is taken.

If it is determined that a discontinuance of the Port Kent Post Office should be pursued, a formal proposal will be posted in the Keeseville Post Office and Port Kent Post Office at a later date. If you have additional questions or comments, please feel free to contact Nadine Tremblay at (518) 452-4085.

Sincerely,

A handwritten signature in cursive script that reads "Daniel E. Cronin".

Daniel Cronin
Manager, Post Office Operations
30 Kamer Rd
Albany, NY, 12288-9992



05/24/2011

JOHN HATFIELD
PO BOX 112
PORT KENT, NY 12975

Dear Postal Service Customer:

Thank you for returning your questionnaire concerning the proposed discontinuance of the Port Kent Post Office. Your comments, along with others received, will be included in the official record and considered carefully before further action is taken.

In response to your letter:

- You expressed a concern about growth in the community. The growth of a community does not depend on the location of a post office. Based on information obtained by the Postal Service, it was determined that there has been minimal growth in the area in recent years. Carrier service will be able to accommodate future growth.
- You expressed a concern about having to travel to another post office for service. Services provided at the post office will be available from the carrier, and customers will not have to travel to another post office for service. Most transactions do not require meeting the carrier at the mailbox. Stamps by Mail and Money Order Application forms are available for customer convenience.

If it is determined that a discontinuance of the Port Kent Post Office should be pursued, a formal proposal will be posted in the Keeseville Post Office and Port Kent Post Office at a later date. If you have additional questions or comments, please feel free to contact Nadine Tremblay at (518) 452-4085.

Sincerely,

A handwritten signature in black ink that reads "Daniel E. Cronin". The signature is written in a cursive, slightly slanted style.

Daniel Cronin
Manager, Post Office Operations
30 Kanner Rd
Albany, NY, 12286-9992



05/24/2011

MARIE L. RIERRINEY
PO BOX 41
PORT KENT, NY 12975

Dear Postal Service Customer:

Thank you for returning your questionnaire concerning the proposed discontinuance of the Port Kent Post Office. Your comments, along with others received, will be included in the official record and considered carefully before further action is taken.

If it is determined that a discontinuance of the Port Kent Post Office should be pursued, a formal proposal will be posted in the Keeseville Post Office and Port Kent Post Office at a later date. If you have additional questions or comments, please feel free to contact Nadine Tremblay at (518) 452-4085.

Sincerely,

A handwritten signature in black ink that reads "Daniel E. Cronin". The signature is written in a cursive, flowing style.

Daniel Cronin
Manager, Post Office Operations
30 Karner Rd
Albany, NY, 12288-9992



05/24/2011

Laurie Reynolds
PO BOX 132
PORT KENT, NY 12975

Dear Postal Service Customer:

Thank you for returning your questionnaire concerning the proposed discontinuance of the Port Kent Post Office. Your comments, along with others received, will be included in the official record and considered carefully before further action is taken.

In response to your letter:

- You expressed a concern about having to travel to another post office for service. Services provided at the post office will be available from the carrier, and customers will not have to travel to another post office for service. Most transactions do not require meeting the carrier at the mailbox. Stamps by Mail and Money Order Application forms are available for customer convenience.
- You expressed a concern about senior citizens. Carrier service is beneficial to many senior citizens and those who face special challenges because the carrier can provide delivery and retail services to . Customers do not have to make a special trip to the post office for service. Special provisions are made for hardship cases or special customer needs. To request an exception for hardship delivery, customers may contact the Keeseville postmaster for more information.

If it is determined that a discontinuance of the Port Kent Post Office should be pursued, a formal proposal will be posted in the Keeseville Post Office and Port Kent Post Office at a later date. If you have additional questions or comments, please feel free to contact Nadine Tremblay at (518) 452-4085.

Sincerely,

A handwritten signature in cursive script that reads "Daniel E. Cronin".

Daniel Cronin
Manager, Post Office Operations
30 Karner Rd
Albany, NY, 12288-9992



05/24/2011

PATRICIA T. LATOURELLE
PO BOX 218
PORT KENT, NY 12975

Dear Postal Service Customer:

Thank you for returning your questionnaire concerning the proposed discontinuance of the Port Kent Post Office. Your comments, along with others received, will be included in the official record and considered carefully before further action is taken.

If it is determined that a discontinuance of the Port Kent Post Office should be pursued, a formal proposal will be posted in the Keeseville Post Office and Port Kent Post Office at a later date. If you have additional questions or comments, please feel free to contact Nadine Tremblay at (518) 452-4085.

Sincerely,

A handwritten signature in black ink that reads "Daniel E. Cronin". The signature is written in a cursive style with a large initial "D".

Daniel Cronin
Manager, Post Office Operations
30 Karner Rd
Albany, NY, 12288-9992



05/24/2011

NANCY A. TETRAULT
P BOX 4
PORT KENT, NY 12975

Dear Postal Service Customer:

Thank you for returning your questionnaire concerning the proposed discontinuance of the Port Kent Post Office. Your comments, along with others received, will be included in the official record and considered carefully before further action is taken.

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Sincerely,

A handwritten signature in black ink that reads "Daniel E. Cronin". The signature is written in a cursive style with a large initial "D".

Daniel Cronin
Manager, Post Office Operations
30 Karner Rd
Albany, NY, 12288-9992



05/24/2011

DONNA ABAIR
PO BOX 119
PORT KENT, NY 12975

Dear Postal Service Customer:

Thank you for returning your questionnaire concerning the proposed discontinuance of the Port Kent Post Office. Your comments, along with others received, will be included in the official record and considered carefully before further action is taken.

In response to your letter:

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Sincerely,

A handwritten signature in cursive script that reads "Daniel E. Cronin".

Daniel Cronin
Manager, Post Office Operations
30 Karner Rd
Albany, NY, 12288-9992



05/24/2011

ERIN & MILLARD ROCK
PO BOX 159
PORT KENT, NY 12875

Dear Postal Service Customer:

Thank you for returning your questionnaire concerning the proposed discontinuance of the Port Kent Post Office. Your comments, along with others received, will be included in the official record and considered carefully before further action is taken.

In response to your letter:

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Sincerely,

A handwritten signature in black ink that reads "Daniel E. Cronin".

Daniel Cronin
Manager, Post Office Operations
30 Karner Rd
Albany, NY, 12288-9992



05/24/2011

TINA & NORMAN GRAVELLE
PO BOX 96
PORT KENT, NY 12975

Dear Postal Service Customer:

Thank you for returning your questionnaire concerning the proposed discontinuance of the Port Kent Post Office. Your comments, along with others received, will be included in the official record and considered carefully before further action is taken.

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Sincerely,

A handwritten signature in cursive script that reads "Daniel E. Cronin".

Daniel Cronin
Manager, Post Office Operations
30 Karner Rd
Albany, NY, 12288-9992



05/24/2011

ANNE HANDLY
PO BOX 65
PORT KENT, NY 12975

Dear Postal Service Customer:

Thank you for returning your questionnaire concerning the proposed discontinuance of the Port Kent Post Office. Your comments, along with others received, will be included in the official record and considered carefully before further action is taken.

If it is determined that a discontinuance of the Port Kent Post Office should be pursued, a formal proposal will be posted in the Keeseville Post Office and Port Kent Post Office at a later date. If you have additional questions or comments, please feel free to contact Nadine Tremblay at (518) 452-4085.

Sincerely,

A handwritten signature in black ink that reads "Daniel E. Cronin". The signature is written in a cursive style.

Daniel Cronin
Manager, Post Office Operations
30 Karner Rd
Albany, NY, 12288-9992



05/24/2011

JOHN MEREDITH
34 SECOND STREET
PORT KENT, NY 12975

Dear Postal Service Customer:

Thank you for returning your questionnaire concerning the proposed discontinuance of the Port Kent Post Office. Your comments, along with others received, will be included in the official record and considered carefully before further action is taken.

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Sincerely,

A handwritten signature in black ink that reads "Daniel E. Cronin".

Daniel Cronin
Manager, Post Office Operations
30 Karner Rd
Albany, NY, 12288-9992



05/24/2011

ANONYMOUS
NO ADDRESS
PORT KENT, NY 12975

Dear Postal Service Customer:

Thank you for returning your questionnaire concerning the proposed discontinuance of the Port Kent Post Office. Your comments, along with others received, will be included in the official record and considered carefully before further action is taken.

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Sincerely,

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Daniel Cronin
Manager, Post Office Operations
30 Karner Rd
Albany, NY, 12288-9992