

LDRG REPRESENTATIVES
PRINTED NAME

INITIALS

USPS: _____
 APWU: _____
 NPMHU: _____

USPS: _____
 APWU: _____
 NPMHU: _____

UPDATED REGIONAL INSTRUCTION - 399 REVIEW
 REVISED 9-1-2017 INSTALLATION INVENTORY
 OF
 MAIL PROCESSING OPERATIONS

FACILITY:

CITY:

STATE/ZIP CODE:

DATE:

1. OPERATION NUMBER OR LOCAL DESCRIPTION	2. FUNCTION NUMBER OR LOCAL DESCRIPTION #	3. CRAFT ASSIGNED AS OF 9-1-2017 (PLACE A "X" IN COLUMN)		4. NUMBER OF ATTACHED DIAGRAM(S) (OPTIONAL)
		CLERK	MAIL HANDLER	
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