

## External Law Enforcement Agency

## REQUEST FOR MAIL COVER

Complete all sections of the mail cover template below and attach a cover letter on your agency letterhead with an original signature by your immediate supervisor. These should be placed in an envelope endorsed RESTRICTED INFORMATION. Seal the request in the envelope, place it in a second envelope, and mail to the CISC. The mail cover request should be addressed as follows:

CISC Manager Attn: MC Specialist

433 W. Harrison Street, Room 3255

Chicago, IL 60699-3255

For further instructions on mail cover requests submitted by external law enforcement agencies, please see Publication 55, USPS Procedures for Mail Cover Requests. This publication may be requested by contacting our Mail Covers Unit at 312-669-5673.

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1.	DATE OF REQUEST	2. TYPE OF REQUEST:  New Request:  Extension:  Fugitive:  Forfeiture:	UEST:  (Complete only) (Refer to Item) (Refer to Item)	Item 13) 7)	3. NUMBER OF number of days 30 days □  Fugitive only: 30 days □	s requested:	cate the
4.	SUBJECT OF MAIL CO template. Identify the in						
	Name(s):						
	Address:						
	City:						
	State & Zip+4:						
If coverage of "All Other Names" receiving mail at the subject address listed above is needed, prindicate any names that should be excluded from this request.			ovide justification	n. Also,			
	All Names at Subject Add	dress: L Yes (provid	de justification below)	∐ No			
	a) Is the subject of the r b) If the subject of the m officer (e.g. judge, ma	ail cover is an attorne		☐ Y	res □ No□ No□ No		
5.	INDICTMENT: Has the mail cover request?	subject been formally ]Yes □ No	charged, i.e. indictme	ent or informat	tion with the offense	that is the bas	is of this

6.	ΑT	TORNEY:		
	a)	Does the subject(s) of the investigation have a known attorney? If so, state the attorney's name and address.	☐ Yes	□ No
	b)	If this request involves a fugitive, does the fugitive have a known attorney? If so, state the attorney's name and address.	Yes	□No
7.		GITIVE: If the cover involves a fugitive, state the fugitive's name, aliases, and a mail cover subject.	any relationship be	tween the fugitive and
8.		RFEITURE: If the only purpose of the mail cover is to identify property for forfeituestigation, including the applicable forfeiture statute.	ure, state the legal	basis for the forfeiture
9.		<u>DLATION</u> : State the applicable violation description, statute number, and penalty. the warrant is Unlawful Flight or Failure to Appear, also state the original charge.		fugitive and the statute
	Vio	lation Description, e.g. Wire Fraud:		
	Sta	tute, e.g. Title 18 USC 1343:		
		nalty, e.g. Ten Years:		
	ls t	his violation a felony with imprisonment more than one year?   Yes   No		
10.	RE	ASONABLE GROUNDS:		
	a)	Basis - How has the mail cover subject violated, or is suspected of violating statement that an official investigation into the possible violation of this cri forfeiture is being conducted and cite the applicable section(s) of the United S law. Explain in detail your justification.	minal statute, fug	itive search, or asset
	b)	Purpose – What information do you expect to obtain from the mail cover? investigation, including the location of property or assets for forfeiture, or information, co-conspirators, etc.?		

	c)		the mail cover subject is not the subject of the investigation, describe the affiliation of the mail cover bject of the investigation.	
11.	CL	ASS OF MAIL:	Indicate the class of mail requested. Justification must be included for other than First Class.	
		First-Class Mail	(Personal or business correspondence: Includes Priority Mail [generally over 11 oz.] and Express Mail)	
		Package Service	es (Parcel Post, bound printed materials, media mail and library mail)	
	П	International Mai	· I	
	_	miomational war		
	Pro	vide further justific	cation for these classes of mail:	
		Standard Mail	(Bulk Business Mail)	
		Justification:		
		Periodicals  Justification:	(Magazines, newspapers)	
12. SPECIAL INSTRUCTIONS: State any special instructions or concerns about this particular request.				
			ENSION: (For an extension request, complete only the section below.)	
At the expiration of the mail cover period, or prior thereto, the requesting authority may request and be granted additional 30-day periods (60-day periods for fugitives). To ensure there is no gap in the mail cover, the extension request should be submitted a minimum of 10 days prior to the end of the mail cover. The requesting authority must provide a statement of the investigative benefits of the mail cover and the anticipated benefits to be derived from its extension. The request for an extension must state whether the subject has been indicted or an information filed and if the subject is represented by an attorney.  Per Postal Regulations, no mail cover shall remain in force longer than 120 continuous days unless personally approved for further extension by the Chief Postal Inspector.				
(a) MAIL COVER REFERENCE NO.:				
(b) State, in detail, how the results of the prior mail cover assisted, or did not assist, the investigation.				

	(c)	Describe the anticipated benefits to be derived from this mail cover extension.
	(d)	Regarding the violation under investigation, has the subject's indictment status changed since the previous mail cover approval?
	(e)	Has the subject's legal representation status changed since the last mail cover approval? If so, state the nature of the change, including attorney's name and address.
		overs are issued only to law enforcement agencies empowered by statute or regulation to ct criminal investigations and are <u>strictly controlled</u> to assure proper use.
	Má	ail Covers are an investigative tool, and are not to be used as an initial investigative step.
14.		ENCY NAME, REQUESTOR NAME, ADDRESS WHERE MAIL COVER RESULTS SHOULD BE MAILED (with Zip +4 e), TELEPHONE NUMBER, FAX NUMBER AND E-MAIL ADDRESS:
		order to process this request, all fields below are required to be completed (fax and e-mail optional fields)
	Age	ency Name:
		Is this a law enforcement agency? ☐ Yes ☐ No
		uestor's First Name:
		questor's Last Name:
		questor's Title:
		lress:
	•	r/State/Zip+4:
		Number:
		lail Address:
15.	NA	ME, TITLE, AND SIGNATURE OF SUPERVISOR AUTHORIZING MAIL COVER REQUEST:
	Sup	pervisor's First Name
	Sup	pervisor's Last Name
	Sup	pervisor's Title
	Sup	pervisor's Address:
		pervisor's City/State/Zip+4:
	Sup	pervisor's Telephone Number:
	Sup	pervisor's Signature and Date:

AN ELECTRONIC VERSION OF THIS FORM IS A MAIL COVERS UNIT AT 312-669-5673.	AVAILABLE UPON REQUEST BY CONTACTING THE
AS INFORMATION, ALL COMPLETED MAIL COUNTED STATES MAIL TO THE CRIMINAL INVEINSTRUCTIONS AT THE TOP OF THE FIRST PA	
	(For CISC Internal Use Only)
	Reviewer's Initials & Date: