Optional Comment Form

Following are comments I wish to make concerning the proposed discontinuance of the HAWTHORNE Post Office.

1. **Effect on Your Postal Services.** Describe any favorable or unfavorable effects you believe the proposal would have on the regularity or effectiveness of your postal services.

2. **Effect on Your Community.** Please describe any favorable or unfavorable effects that you believe the proposal would have on your community.

3. **Other Comments.** Please provide any other views or information that you believe the Postal Service should consider in deciding whether to adopt the proposal.

Name of Postal Customer Signature of Postal Customer

Mailing Address

City, State, and ZIP Code Date