

20
USPS TRACKING #

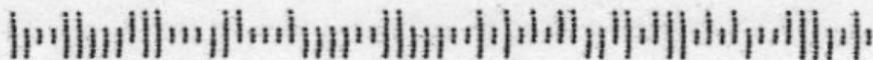


9590 9402 5360 9189 5573 90

**United States
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box •

City of Racine
Clerks Treasurer Office
730 Washington Ave. Room #103
Racine, WI 53403



First Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

PSL

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Beth Dessart
 1608 Carlisle Ave
 Racine, WI 53404



9590 9402 5360 9189 5573 90

2. Article Number (Transfer from service label)

7018 1130 0000 7998 7641

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X**

SS 0019

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)**C. Date of Delivery**

- D. Is delivery address different from item 1?** Yes
 If YES, enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Mail Restricted Delivery (00) | |