



United States Postal Service

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

City of Racine
Office of the City Clerk
730 Washington Ave Rm. 103
Racine, WI 53403

COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature of Raine, - Agent ■ Complete items 1, 2, and 3. Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: Cynthia L. Krapp finley 4814 Maryland Due If YES, enter delivery address below: I No racine, wt. 53404 3. Service Type ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted ☐ Certified Mail® Delivery 9590 9402 7570 2098 7469 91 ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation □ Collect on Delivery Transfer from service label) Collect on Delivery Restricted Delivery Restricted Delivery 7022 0410 0000 7890 8677 Mail Restricted Delivery Domestic Return Receipt PS Form 3811, July 2020 PSN 7530-02-000-9053