USPS TRACKING#

501

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

9590 9402 5406 9189 6382 29

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

յիրուսակիրնիիրիկիինիրիկութիններին և հերակիրի

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.  Article Addressed to:  Stephanil Muno?  Ward Addressed to:  The provided with the provided and the pr	A. Signature  X LAM Co 19 3
9590 9402 5406 9189 6382 29  2. Article Number ( <i>Transfer from service label</i> )  7019 2970 0000 8077 723	3. Service Type  Adult Signature Adult Signature Restricted Delivery Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Collect on Delivery Signature Confirmation <sup>TM</sup> Signature Confirmation <sup>TM</sup>
TO FORM 3011, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt