

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Kathleen Troc
2518 Indian Trail
Racine, WI 53402

2. Article Number
(Transfer from service label)

7011 3500 0001 0016 3231

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Russell Troc Agent
 Addressee

B. Received by (Printed Name)

Russell Troc

C. Date of Delivery

2-28-14

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

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



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

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



City of Racine - City Hall
Finance Department, Room 103
730 Washington Avenue
Racine, Wisconsin 53403

03118499

