

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:

Big Lots #5305
 5415 Washington Ave
 Mount Pleasant, WI. 53404



9590 9402 7362 2028 8381 26

2. Article Number (Transfer from service label)

7022 0410 0000 7890 9247

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

X *Stephanie O'Brien* Agent
 Addressee

B. Received by (Printed Name)

Stephanie O'Brien **C. Date of Delivery**
9/16/23

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"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |

1 Mail Restricted Delivery
 500)

USPS TRACKING#



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

9590 9402 7362 2028 8381 26

United States
Postal Service

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

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

