

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. SOLD AT POSTAL MILE

**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:

Cheryl Christensen  
 2624 W. Crescent St  
 Racine, WI 53403



9590 9402 1515 5362 1940 17

2. Article Number (Transfer from service label)

7015 0640 0001 4837 2109

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

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

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Mail Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt



City Hall  
730 Washington Avenue  
Racine, Wisconsin 53403

City of Racine, Wisconsin  
Office of the City Clerk

**CERTIFIED MAIL®**



7015 0640 0001 4837 2109

MILWAUKEE  
WI 532  
17 NOV '16  
PM 7 L



US POSTAGE  
**\$06.46<sup>5</sup>**  
First-Class

Mailed From 53403  
11/17/2016  
032A 0061818111

*1st 11/19/16 08*  
*11-24*  
*12-4*

**FINAL NOTICE**

Cheryl Christensen  
2624 W. Crescent St

NIXIE AN, WI 530 SE 1 0012/07/15

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

BC: 53403114630 \*1725-12946-17-40



UNC

53403114630  
~~53403114630~~