

USPS TRACKING #

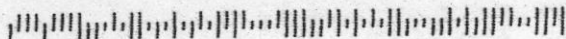


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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



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:

Schoone Leuck Kelly PHS PHS
 with: Mark S. Leuck
 600 Washington Ave
 R. ine, WI. 53406



9590 9402 5406 9189 6382 36

2. Article Number (Transfer from service label)

7019 2970 0000 8077 7220

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X J Schlichting ☒ Agent
☐ Addressee

B. Received by (Printed Name)

J Schlichting

C. Date of Delivery

2/4/22

- 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

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery