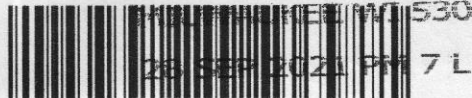


USPS TRACKING #



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

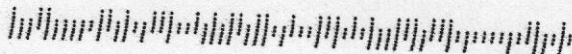
9590 9402 5360 9189 5570 86

**United States
Postal Service**

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

PSL

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:

Dorothy Lee
1022 Jackson Pl.
Racine, WI 53406



9590 9402 5360 9189 5570 86

2. Article Number (Transfer from service label)

7019 2970 0000 8077 7107

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

X

Carol

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Carol

C. Date of Delivery

9/23

- 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

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