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:

Ernest + Virginia Watson Mo Cattie Or Common, NC 28324



2 Article Number (Transfer from service label)

7020 2450 0002 2668 1142

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)

☐ Agent ☐ Addressee C. Date of Delivery

☐ Yes

□ No

D. Is delivery address different from item 1?

If YES, enter delivery address below:

3. Service Type □ Adult Signature

over \$500)

□ Adult Signature Restricted Delivery Certified Mail®

□ Certified Mail Restricted Delivery ☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery insured Mail Insured Mail Restricted Delivery

☐ Priority Mail Express® ☐ Registered Mail™

□ Registered Mail Restricted Delivery Return Receipt for

Merchandise ☐ Signature Confirmation™ □ Signature Confirmation

Restricted Delivery

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

Domestic Return Receipt

USPS TRACKING#





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

9590 9402 5927 0049 0712 22

United States Postal Service Sender: Please print your name, address, and ZIP+4® in this box

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH ENVIRONMENTAL HEALTH SECTION 307 W. CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546