## COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. X Print your name and address on the reverse ☐ Addressee so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, 0) 23/04 SANDRA G. Kebents or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: □ No If YES, enter delivery address below: 3. Service Type Sanford, NC 27330 Certified Mail ☐ Express Mail Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes

(Transfer from service label) PS Form 3811, February 2004

2. Article Number

0500 Domestic Return Receipt

0004

8564 7360

7003

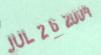
102595-02-M-1540

1 03:03 HC RTR

First-Class Mail Postage & Fees Paid USPS Peonit No. 3s-10

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

HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH
307 CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546



## SENDER: COMPLETE THIS SECTION

- Sor plete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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:

Kon Cameron

1430 Roberts Rd Sanford, NC 27332

## COMPLETE THIS SECTION ON DELIVERY

Signature ☐ Addressee B. Received by (Printed Name) C. Date of Delivery

onald cameron D. Is delivery address different from item 1? if YES, enter delivery address below:

- 3. Service Type Certified Mail ☐ Express Mail
  - Registered A Return Receipt for Merchandise ☐ Insured Mail C.O.D.
- 4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

