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:

Jeffrey + Cindy Sink 115 Hancock St Mmer, PA 15728

9590 9402 4372 8190 5213 98

- 2. Article Number (Transfer from service label)
 - 2970 0000 1863 5608

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Pfinted Name) C. Date of Delivery 8-1-22

D. Is delivery address different from item 1? If YES, enter delivery address below:

- 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
- ☐ Insured Mail Restricted Delivery (over \$500)

□ Priority Mail Express®

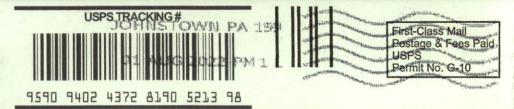
☐ Agent

☐ Addressee

- □ Registered Mail™ □ Registered Mail Restricted
- Return Receipt for Merchandise
- ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

Domestic Leturn Receipt

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



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