

# 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. *CH*

1. Article Addressed to:

*Jeffrey + Cindy Sink  
115 Hancock St  
Clymer, PA 15728*



9590 9402 5927 0049 0663 72

2. Article Number (Transfer from service label)

7019 2970 0000 1863 5493

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

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ X

*Cindy Sink*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*Cindy S Sink*

C. Date of Delivery

*11-4-22*

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

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING #



JOHNSTOWN PA 154

PAID 1.00 PERMIT NO. G-10

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

9590 9402 5927 0049 0663 72

**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

