## 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 Clymer, DA 15728

9590 9402 4372 8190 5209 88

- 2. Article Number (Transfer from service label)
- 1960 0000 701.9 2970

COMPLETE THIS SECTION ON DELIVERY A. Signature

☐ Agent ☐ Addressee

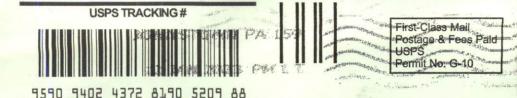
C. Date of Delivery B. Received by (Printed Nam

D. Is delivery address different from item 1? 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
- In-ured Mail ured Mail Restricted Delivery er \$500)

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

Domestic Return Receipt



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