

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. **EH**

1. Article Addressed to:

Thomas Walek
582 Ed Thomas Rd
Cameron, NC 28326



9590 9402 5927 0049 0664 95

2. Article Number (Transfer from service label)

7019 2970 0000 1863 5554

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Samantha Walek*

- ☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9-6-20

- 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

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

Insured Mail
Insured Mail Restricted Delivery
over \$500)

USPS TRACKING #



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

9590 9402 5927 0049 0664 95

**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

5-933507

