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:

y & Deserene Moore alo David Lewis Lane Lillington NC 27546

9590 9402 4372 8190 5217 94

2. Article Number (Transfer from service label)

7020 2450 0002 2668 2514 A. Signature ☐ Agent B. Received by (Printed Name) C. Date of Delivery

☐ Yes 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 ☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

□ Registered Mail[™] □ Registered Mail Restricted Delivery

Return Receipt for Merchandise

☐ Signature Confirmation™ □ Signature Confirmation

Restricted Delivery

USPS TRACKING#



9590 9402 4372 8190 5217 94



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

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

իմերդիիորերդերբենունիննիիկիիրեւերդրիրերդույթի