

# 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. *EM*

1. Article Addressed to:

*Brian Dunlap  
1075 Benhaven School Rd  
Sanford, NC 27332*



9590 9402 4372 8190 5210 39

2. Article Number (Transfer from service label)

7019 2970 0000 1860 0255

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ X

*Brian Dunlap*

☐ Agent

☒ Addressee

B. Received by (Printed Name)

*Brian Dunlap*

C. Date of Delivery

*2/23/23*

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

ed Mail Restricted Delivery

(\$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 5210 39

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

