

**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:**

Linda Johnson  
PO Box 1329  
Lillington NC 27546



9590 9402 4372 8190 5221 28

**2. Article Number (Transfer from service label)**

7020 2450 0002 2668 2699

**COMPLETE THIS SECTION ON DELIVERY****A. Signature**

X

☐ Agent☐ Addressee**B. Received by (Printed Name)**

Linda Johnson

**C. Date of Delivery**

9-15-23

**D. Is delivery address different from item 1?**☐ Yes

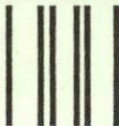
If YES, enter delivery address below:

☐ No**3. Service Type**

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- X ☒ 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 DeliveryX ☒ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

USPS TRACKING #



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

9590 9402 4372 8190 5221 28

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

