

# 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:

Lataasha Bennis + Jeffrey Priest  
81 Shade Wood Ct  
Sanford, NC 27332



9590 9402 4372 8190 5219 78

2. Article Number (Transfer from service label)

7020 2450 0002 2668 2248

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Lataasha Bennis*

☐ Agent

☒ Addressee

B. Received by (Printed Name)

Lataasha Bennis

C. Date of Delivery

9/29/2023

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☒ 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 #



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

9590 9402 4372 8190 5219 78

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

27546-933507

