

**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:

Stewart Erin Sychterz  
1010 Miller Rd  
Benson, NC 27504



9590 9402 4372 8190 5219 85

2. Article Number (Transfer from service label)

7019 2970 0000 1860 0811

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*X*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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☐ 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

Domestic Return Receipt

USPS TRACKING #



9590 9402 4372 8190 5219 85



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

