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:

Thomas Walk 582 Ed Thomas Road Cameron NC 28326



2. Article Number (Transfer from service label) 7019 2970 0000 1860 2068 COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

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

M Signature Confirmation TM ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt



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

9590 9402 8519 3186 8252 73

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

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