

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:

*William Byrd + Courtney Wise
621 Wise Rd
Dunn, NC 28334*



9590 9402 8519 3186 8216 64

2. Article Number (Transfer from service label)

7019 0700 0000 1036 3300

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ X*William Byrd*☐ Agent☒ Addressee

B. Received by (Printed Name)

William Byrd

C. Date of Delivery

1-11-25

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)

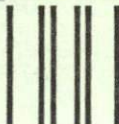
☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☒ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

USPS TRACKING #



RALEIGH NC 275

11 JAN 2025 PM 4 L



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

9590 9402 8519 3186 8216 64

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

5-939507

