

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:

Robert & Constance Hicks
555 Asset Parkway
Sanford NC 27332



9590 9402 8519 3186 8216 19

2. Article Number (Transfer from service label)

7019 0700 0000 1036 0415

COMPLETE THIS SECTION ON DELIVERY**A. Signature**☒ X☐ Agent☐ Addressee**B. Received by (Printed Name)**

ROBERT L HICKS

C. Date of Delivery

4 FEB 29

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☒ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

USPS TRACKING #



GREENSBORO NC 270
PIEDMONT TRIAD AREA
4 FEB 2025 PM 2 L

9590 9402 8519 3186 8216 19

**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

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

