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 mailpiese. or on the front if space permits.
- 1. Article Addressed to:

Dructical Properties ILOW Academy St Fuguery Varine, Ne 27524

9590 9402 8519 3186 8223 71

2. Article Number (Transfer from service label)

0700 0000 A. Signature

rate of Delivery

B. Received by (Printed Name)

D. Is delivery address different from item 1? П No

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

sured Mail Restricted Delivery ver \$500)

☐ Priority Mail Express® ☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#





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

9590 9402 8519 3186 8223 71

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

