

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. CH

1. Article Addressed to:

Leon Chavez
186 Rosebud St
Spring Lake, NC 28390



9590 9402 9488 5069 6259 92

2. Article Number (Transfer from service label)

7019 2970 0000 1863 2027

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X

 Agent Addressee**B. Received by (Printed Name)**

Wilena Harner

C. Date of Delivery

9/2/25

- 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 #



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

9590 9402 9488 5069 6259 92

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

