

**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.

EX

**1. Article Addressed to:**

Alfredo & Lilitiana Castro  
 186 Rosebud St  
 Spring Lake NC 28390



9590 9402 9488 5069 6255 72

**2. Article Number (Transfer from service label)**

7019 0700 0000 1036 0620

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

X

- Agent  
 Addressee

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

Liliana Castro

**C. Date of Delivery**

11/3/26

**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 #



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

9590 9402 9488 5069 6255 72

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

46-933507

