

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Mr. John Wolf  
Mayor and Clerk of Council  
Village of Fort Recovery  
201 S Main St  
Fort Recovery, OH 45846

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*[Handwritten Name]*

C. Date of Delivery

*[Handwritten Date]*

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7007 2680 0001 0491 2779

UNITED STATES POSTAL SERVICE



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

• Sender: Please print your name, address, and ZIP+4 in this box •

PUBLIC UTILITIES COMMISSION OF OHIO  
120 E. BROAD STREET  
COLUMBUS, OHIO  
43215-6753  
DOCKETING DIVISION

RECEIVED-DOCKETING DIV  
MAY 28 AM 11:45  
UCO

07-829

830  
831

