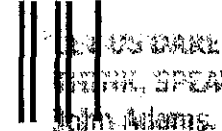


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent  <input type="checkbox"/> Addresson</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Mr. Gene Warnecke          Mayor/Zoning Inspector          Village of Glandorf          PO Box 154          Glandorf, OH 45848</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number          (Transfer from service label)</p> <p>7007 2680 0001 0491 2847</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

UNITED STATES POSTAL SERVICE

LTMA OH 458



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

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

PROPERTY COMMISSION OF OHIO  
177 N. 19 STREET  
COLUMBUS, OHIO  
43215-3103  
DOCKETING DIVISION

RECEIVED-DOCKETING DIV  
MAY 28 AM 11:44  
PCCO

07-829  
830  
831

