

SENDER: COMPLETE THIS SECTION

- Complete items 4, 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:

VILLAGE OF BAY VIEW
304 E BAYVIEW DRIVE
BAY VIEW SANDUSKY, OHIO 44870

08-72, 08-73, 08-74, 08-75

7001 2510 0004 9176 9183

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *ON 3849*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Masha Shank

C. Date of Delivery

9-29-08

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

PS Form 3811, February 2004

Domestic Return Receipt

102598-02-M-1540

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.

Technician *TM* Date Processed *9/30/2008*