

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. Gary Lees
Brookfield Township Administration Building
6844 Strimbu Drive, N.E.
Brookfield, Ohio 44403

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
X *[Signature]*
- B. Received by (Printed Name) ☐ Date of Delivery
Sharon Chambers **1/25**
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
- | | |
|---|---|
| <input 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. |

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
 (Transfer from service label)

09-560-ww-4MR
7002 2410 0000 1632 3197

PS Form 3811, February 2004

Domestic Return Receipt

102895-02-M-4540

RECEIVED-DOCKETING DIV

2010 JAN 27 PM 3:08

PUCO

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 Technician DMH Date Processed 01-27-10