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:

Phil Jackson
Vice-Chairman
Sandusky Township Trustee
5094 Lime Rd.
Galion, OH 44833

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

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 0486 4436

PS Form 3811, February 2004

CERTIFIED MAIL™

7007 2680 0001 0486 4436

POSTAGE » PITNEY BOWE
3215 W $ 005.95
372587 JAN 31 201

The Public Utilities Commission of Ohio
180 East Broad Street
Columbus, OH 43215-3793

ADDRESS SERVICE REQUESTED

11-4161-WS-AIR

RECEIVED-DOCKETING DIV
2012 FEB 29 PM 3:50
PUCO

UNCLAIMED

Phil Jackson
Vice-Chairman
Sandusky Township Trustee
5094 Lime Rd.
Galion, OH 44833

1st NOTICE FEB 01 2012
2nd NOTICE FEB 07 2012
RETURNED 02-17-12

DISK MAILER
HANDLE WITH

43215@3793

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 _____ Date Processed 2/29/12