

USPS TRACKING #



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

9590 9402 2329 6225 7410 81

United States  
Postal Service

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

PLCD  
180 E. Broad St  
11th floor  
Colo. Dh. 43218

21 NOV 25 PM 2:16  
VED-DOCKETING

16-905-WW-AIR

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 Am Date Processed 11/24/16

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

Truro Township  
Attn: Fiscal Officer  
6900 E. Main Street  
Reynoldsburg, OH 43068



9590 9402 2329 6225 7410 81

2. Article Number (Transfer from service label)

7016 0910 0001 0179 9320

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

DAN LECHE

C. Date of Delivery

11/22/16

D. Is delivery address different from item 1?  
If YES, enter delivery address below:☐ Yes☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted☐ Delivery☐ Return Receipt for☐ Merchandise☐ Signature Confirmation™☐ Signature Confirmation☐ Restricted Delivery

Domestic Return Receipt

## 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:

City of Ashtabula  
Attn: Council President  
4717 Main Avenue  
Ashtabula, OH 44004

1B-907-NW-AIR

## 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?  
If YES, enter delivery address below:

- ☐ Yes  
☒ 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 7338

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Marion City Hall  
Attn: Mayor  
233 W. Center Street  
Marion, OH 43302



9590 9402 2329 6225 7411 59

7016 0910 0001 0179 9252

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Dustin Evans ☒ Agent ☒ Addressee

B. Received by (Printed Name)

Dustin Evans

C. Date of Delivery

11/23/16D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

(over 500)

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Brown Township  
Attn: Fiscal Officer  
2491 Walker Road  
Hilliard, OH 43026



9590 9402 2329 6225 7410 50

2. Article Number (Transfer from service label)

7015 0640 0005 1454 7445

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

R. EDSSIC JR

C. Date of Delivery

11/23/16

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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 Address  
Norwich Township  
Attn: Fiscal Officer  
5181 Northwest Parkway  
Hilliard, OH 43026



9590 9402 2329 6225 7410 29

2. Article Number (Transfer from service label)

7015 0640 0005 1454 7476

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

C. Date of Delivery

11/23/16

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> All Restricted Delivery                 |   |

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Mifflin Township Board of Trustees  
2326 Park Avenue E  
Mansfield, OH 44903

16-907-WH-AIR



9590 9402 2329 6225 7409 30

2. Article Number (Transfer from service label)

7007 2680 0001 0485 5144

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

J.E. R. Jr.

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

## 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.

Concord Township  
Attn: Trustee Chairman  
7229 Ravenna Road  
Concord, OH 44077

16-407-WN-AIR

## 2. Article Number

(Transfer from service label)

7015 0640 0005 1454 7407

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *D. Kowall*

☐ 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



## 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.

City of Mentor-on-the-Lake  
Attn: Mayor  
5860 Andrews Road  
Mentor-on-the-Lake, OH  
44060

16-907-WW-AIR

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Christa Parisi ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Christa Parisi

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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)

7016 0910 0001 0179 9368

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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.

Brown Township  
Board of Trustees  
200 Grant Street  
P.O. Box 378  
Malvern, OH 44644

16-407-NW-AIR

## 2. Article Number

(Transfer from service label)

7007 2680 0001 0485 4079

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*Jeanne A. Grimm*

☐ Agent

☐ Addressee

## B. Received by (Printed Name)

Jeanne A. Grimm

## 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

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

Fayette Township  
Attn: Clerk  
104 Fitzpatrick Street  
South Point, OH 45680

16-907-NW-AIR



9590 9402 2329 6225 7410 05

2. Article Number (Transfer from container label)

7015 0640 0005 1454 7490

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Signature]*

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

11/23/16

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

## 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.

City of Mentor-on-the-Lake  
Attn: Clerk of Council  
5860 Andrews Road  
Mentor-on-the-Lake, OH  
44060

16-967-WW-AR

## 2. Article Number

(Transfer from service label)

016 2140 0001 0774 0053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

x Christa Parisi ☐ Agent ☐ Addressee

## B. Received by (Printed Name)

Christa Parisi

## 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

## 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:

Tiffin City Hall  
Attn: Mayor  
51 East Market Street  
Tiffin, OH 44883

16-907-WH-AIR

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Debra C. Riemann

☐ 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

NOV 23 2016

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7007 2680 0001 0486 7185

Domestic Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Blendon Township  
Attn: Commissioner  
6350 S. Hempstead Rd.  
Westerville, OH 43081

16-907-  
NW-AIR



9590 9402 2329 6225 7411 04

## 2. Article Number (Transfer from service label)

7016 0910 0001 0179 9306

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X Ruth Rose

☐ Agent☐ Addressee

## B. Received by (Printed Name)

RUTH ROSE

## C. Date of Delivery

11-23-11

## D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Canaan Township  
Attn: Clerk  
2209 County Road 69  
Edison, OH 43320

16-907-WH-A12



9590 9402 2329 6225 7411 28

## 2. Article Number (Transfer from service label)

7016 0910 0001 0179 9283

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Deana Detwiler* ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

Deana Detwiler

## C. Date of Delivery

11-23-16

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery |   |

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Madison Township  
Attn: Fiscal Officer  
4575 Madison Lane  
Groveport, OH 43125

16-902-  
NW-AIR



9590 9402 2329 6225 7410 43

2. Article Number (Transfer from service label)

7015 0640 0005 1454 7452

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Donna Hamler*

☒ Agent  
☐ Addressee

B. Received by (Printed Name)

*Donna Hamler*

C. Date of Delivery

*4-23-16*

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail

all Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



## 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:

Board of Marion County  
Commissioners  
222 West Center Street  
Marion, OH 43302

16-907-WN-AIR

2. Article Number  
(Transfer from service label)

7007 2680 0001 0486 7239

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

\* *Peri Slaughter*☒ Agent☐ Addressee

B. Received By (Printed Name)

*Peri Slaughter*

C. Date of Delivery

*11-23-16*D. Is delivery address different from item 1? ☐ YesIf 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

## 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:

Tully Township  
Attn: Clerk  
4217 Lyons Road  
Calendonia, OH 43314

16-407-WH-AIR

2. Article Number

(Transfer from service label)

7007 2680 0001 0486 7277

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

Ela Madespach

- ☐
- Agent
- 
- ☐
- Addressee

B. Received by (Printed Name)

Ela Madespach

C. Date of Delivery

11/23/06

D. Is delivery address different from item 1? ☒ YesIf YES, enter delivery address below: ☐ No

4440 Timpson Rd  
Calendonia OH 43314

3. Service Type

- ☐
- Certified Mail
- ☐
- Express Mail
- 
- ☐
- Registered
- ☐
- Return Receipt for Merchandise
- 
- ☐
- Insured Mail
- ☐
- C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Board of Pike County Commissioners  
230 Waverly Place  
Suite 1000  
Waverly, OH 45690 16-ADM-WN-AIR



9590 9402 2329 6225 7411 11

2. Article Number (Transfer from service label)

7016 0910 0001 0179 9290

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

*APR 11 2016*D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| all Restricted Delivery  |   |

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

Article Addressed to:  
Blendon Township  
Attn: Fiscal Officer  
6350 S. Hempstead Rd.  
Westerville, OH 43081



9590 9402 2329 6225 7410 67

2. Article Number (Transfer from service label)

7015 0640 0005 1454 7438

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

RUTH ROESE

C. Date of Delivery

11-23-16

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes  
☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

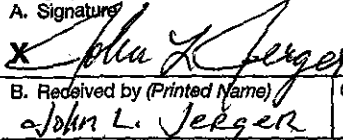
Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

## COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☐ Addressee

B. Received by (Printed Name)

John L. Jerger

C. Date of Delivery

11/23/16

 Delivery address different from item 1? ☐ Yes  
 If "Yes", enter delivery address below: ☐ No

Board of Richland County Commissioners

Richland County Courthouse

50 Park Avenue, East

Mansfield, OH 44902-1861

16-907-WN-AIR



9590 9402 2329 6225 7409 23

2. Article Number (Transfer from service label)

7007 2680 0001 0485 5342

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-0053

Domestic Return Receipt

## 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:

Village of North Kingsville  
Attn: Mayor  
P.O. Box 253  
North Kingsville, OH 44068

16-907-WH-AR

2. Article Number

(Transfer from service label)

7007 2680 0001 0485 4062

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Tom Peters*☐ Agent☐ Addressee

B. Received by (Printed Name)

Tom Peters

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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

102595-02-M-1540

## 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:

Eden Township  
Attn: Clerk  
P.O. Box 71  
Melmore, OH 44845

16-907-WW-AIR

2. Article Number

(Transfer from service label)

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Eden Township*☒ Agent☐ Addressee

B. Received by (Printed Name)

Eden Township

C. Date of Delivery

11/23/16

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

7007 2680 0001 0485 4048

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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:

Lake Mohawk Property  
Owners Association  
1 North Mohawk Dr.  
Malvern, OH 44644

16-407-WN-AIR

2. Article Number  
(Transfer from service label)

7007 2680 0001 0486 7291

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Lori Walton*

☐ Agent☐ Addressee

B. Received by (Printed Name)

Lori Walton

C. Date of Delivery

1/12/16

D. Is delivery address different from item 1? ☐ YesIf 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



## 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.

Lake County  
Attn: Commissioner-President  
105 Main Street  
P.O. Box 490  
Painesville, OH 44077

16-907-WW-AIR

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mike T. Slom*

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

1/23/16

- 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)

7015 0640 0005 1454 7377

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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:

Tiffin City Hall  
Attn: City Administrator  
51 East Market Street  
Tiffin, OH 44883

16-907-WN-AIR

2. Article Number

(Transfer from service label)

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Debra A. Riccio*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

NOV 23 2016

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7007 2680 0001 0485 3836

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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.

Board of Ashtabula County  
Commissioners  
25 W. Jefferson Street  
Jefferson, OH 44047

16 ADM-WW-AIR

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Candace S Baker-Korny ☐ Agent  
Addressee

B. Received by (Printed Name)

C. Date of Delivery

Candace S Baker-Korny 11/23/16

D. Is delivery address different from item 1? ☐ YesIf 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 7314

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

Board of Portage County  
Commissioners  
449 S. Meridian Street  
7th Floor  
Ravenna, OH 44266



9590 9402 2329 6225 7408 86

2. Article Number (Transfer from service label)

7007 2680 0001 0485 5113

## 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

NOV 23 2016

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

## 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.

Sagamore Hills Township  
Attn: Fiscal Officer  
11554 Valley View Road  
Sagamore Hills, OH 44067

16-907-WH-AIR

2. Article Number  
(Transfer from service label)

7015 0640 0005 1454 7384

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Joanne Taylor*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*Joanne Taylor*

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

## 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.

Lake County  
Attn: Clerk  
105 Main Street  
P.O. Box 490  
Painesville, OH 44077

16-909-WW-AIR

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mike T. Solan*

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

11/23/16

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)

7016 0910 0001 0179 9443

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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:

Village of Jefferson  
Attn: Mayor  
27 E. Jefferson Street  
Jefferson, OH 44047

16-AD7-WN-AIR

2. Article Number

(Transfer from service label)

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

Roni Wern

C. Date of Delivery

11/23/16

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

7016 2140 0001 0774 0114

## 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:

Ashtabula Township  
Attn: Clerk  
2718 N. Ridge Road E.  
Ashtabula, OH 44004

110-407-EW-AIR

2. Article Number

(Transfer from service label)

7007 2680 0001 0485 4093

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

11/23/16

D. Is delivery address different from item 1? ☐ YesIf 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



## 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:

City of Mentor  
Attn: Council President  
3500 Civic Center Blvd.  
Mentor, OH 44060

16-907-WW-AIR

2. Article Number

(Transfer from service)

7016 2140 0001 0774 0046

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Tom Apeto*☒ Agent☐ Addressee

B. Received by (Printed Name)

TOM AKE

C. Date of Delivery

11-23-16

D. Is delivery address different from item 1? ☐ YesIf 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

## 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:

Auburn Township  
Attn: Fiscal Officer  
11010 East Washington Street  
Auburn, OH 44023

1b-ADM-WW-AIR

2. Article Number  
(Transfer from service label)

7010 2780 0001 9375 4468

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Nancy Soleza*☐ Agent☐ Addressee

B. Received by (Printed Name)

*Nancy Soleza*

C. Date of Delivery

*11-22-10*D. Is delivery address different from item 1? ☐ YesIf 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

## 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.

Village of Jefferson  
Attn: Clerk-Treasurer  
27 E. Jefferson Street  
Jefferson, OH 44047

16-907-WN-AIR

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x

☒ Agent☐ Addressee

B. Received by (Printed Name)



C. Date of Delivery

11/23/16

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 0485 5076

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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.

Summit County Council Office  
175 South Main Street, Suite 700  
Akron, OH 44308

16-907-WW-AIR

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

COUNTY OF SUMMIT

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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 0485 3782

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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.

Middleton Township  
Board of Trustees  
50738 Richardson Street  
P.O. Box 295  
Negley, OH 44441

16-907-NW-AIR

2. Article Number  
(Transfer from service label)

7010 2780 0001 9375 4390

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Robert Chapman

☒ Agent

☐ Addressee

B. Received by (Printed Name)

ROBERT CHAPMAN

C. Date of Delivery

11-23-14

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

## 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.

City of Ashtabula  
Attn: City Manager  
4717 Main Avenue  
Ashtabula, OH 44004

16 AD7-NW-AIR

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Signature]*

☐ Agent☒ Addressee

B. Received by (Printed Name)

*Burton F. Lenoir*

C. Date of Delivery

11/23

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 7284

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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.

Village of Kirtland Hills  
Attn: Mayor  
8026 Chillicothe Road  
Kirtland, OH 44060

16-907-WW-AIR

## 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)

7015 0640 0005 1454 7414

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

Sharon Township  
Attn: Fiscal Officer  
95 E. Wilson Bridge Road  
Worthington, OH 43085



9590 9402 2329 6225 7410 12

Article Number (Transfer from service label)

7015 0640 0005 1454 7483

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X Sharon Lee

☐ Agent☐ Addressee

## B. Received by (Printed Name)

Sharon Lee

## C. Date of Delivery

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt



## 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.

Concord Township  
Attn: Fiscal Officer  
7229 Ravenna Road  
Concord, OH 44077

16-907-WW-AIR

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Q Powell*

☐ 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)

7016 0910 0001 0179 9429

## 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.

Columbiana County  
Commissioners  
105 South Market Street  
Lisbon, OH 44432

16-ADM-WN-AIR

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

P. Howards

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

11-23-16

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)

7010 2780 0001 9375 4444

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## 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:

Hubbard Township Board  
of Trustees  
2600 Elmwood Drive, Ext.  
Hubbard, OH 44425

16-ADD-WH-A.R

2. Article Number  
(Transfer from service label)

7010 2780 0001 9375 2235

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Det. Sgt. Mr. B. B. B. ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

11-23-16

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

## 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.

Painesville Township  
Attn: Trustee Chairman  
55 Nye Road  
Painesville, OH 44077

16-907-WH-AIR

2. Article Number  
(Transfer from service label)

7015 0640 0005 1454 7391

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Richard M. Nye*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*RICHARD NYE*

C. Date of Delivery

*11-23-16*

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Insured Mail

☒ Return Receipt for Merchandise

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes