FILE

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: 17-32

CLERK OF COUNCIL
CITY OF MIDDLETOWN
ONE DONHAM PLAZA
MIDDLETOWN, OHIO 45042

9590 9402 2329 6225 7403 43

2. Article Number (Transfer from service label)
7016 2140 0001 0285 6971

PS Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 10-3-17

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 (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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1. Article Addressed to: 17-32

MAYOR - CITY OF MIDDLETOWN
ONE DONHAM PLAZA
MIDDLETOWN, OHIO 45042

9590 9402 2329 6225 7402 37

2. Article Number (Transfer from service label)
7016 2140 0001 0285 7084

PS Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

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A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 10-3-17

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 (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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1. Article Addressed to: 17-32

MAYOR - VILLAGE OF PLEASANT PLAIN
10120 PLEASANT PLAIN ROAD
PLEASANT PLAIN, OHIO 45162

9590 9402 2413 6249 7028 51

2. Article Number (Transfer from service label)
7007 2680 0001 0485 5038

PS Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 10-3-17

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 Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PLEASANT PLAIN OH - USPO - 45162

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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 [signature] Date Processed 10/6/17