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:

FILE

City of New Bremen
Jeffrey Pape
PO Box 27
New Bremen, OH 45869
18-298-GA-AIR

2. Article Number (Transfer from service label)
7016 1370 0000 5510 7443

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jeff Pape
☐ Agent
☒ Addressee

B. Received by (Printed Name) Jeff Pape
C. Date of Delivery 10-3-18

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

RECEIVED
2018 NOV 14 PM 2:03
PUC

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

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

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 MN Date Processed NOV 14 2018