SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
Article Addressed to: VILLAGE OF LOWER SALEM Salem Township State Route 821 Lower Salem, OH 45745	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
10-1024 21-1		
9590 9402 3426 7227 7401 49	3. Service Type  Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Collect on Delivery Collect on Delivery Restricted Delivery	□ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restricted □ Delivery □ Return Receipt for Merchandise □ Signature Confirmation™

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