- 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:
CASE NOS. 20-1651-EL-AIR, ET AL
MAYOR
SOMERVILLE
P.O. BOX 194
156 MAIN ST.
SOMERVILLE, OH 45064

9590 9402 3426 7227 7258 87

2. Article Number (Transfer from service label)
7017 0190 0000 1811 9674

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
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
Certified Mail Restricted Delivery
Collect on Delivery
☐ Collect on Delivery Restricted Delivery
ed Mail
ed Mail Restricted Delivery
$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

4432 JUL 27 2021

RETURN TO SENDER
UNABLE TO FORWARD
UNABLE TO FORWARD
RETURN TO SENDER

-R-T-S- 4506450 02-1N 08/04/21

CASE NOS. 20-1651-EL-AIR, ET AL
MAYOR
SOMERVILLE
P.O. BOX 194
156 MAIN ST.
SOMERVILLE, OH 45064

UTK

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 8-10-21

CERTIFIED MAIL®

7017 0190 0000 1811 9674

2021 AUG 10 AM 11:32

Ohio Public Utilities Commission
180 East Broad Street
Columbus OH 43215-3793
ADDRESS SERVICE REQUESTED

FILE
20-1651-EL-AIR CASE
8/4/21 DATE