■ 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.	A. Signature  A. Signature  A. Signature
<ul> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	B. Received by (Printed Name) C. Date of belivery  D. Is delivery address different from item 17
Mr. Francis Cicchinelli Mayor and Clerk of Council	
City of Massillon  Municipal Government Annex  Massillon, OH 44646	3. Service Type  2 Certified Mail
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7007 2460 (Transfer from service label)	0001 0490 9830
PS Form 3811, February 2004 Domestic Retu	rn Receipt 102595-02-M-15%

United States Postal Service

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USBS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 terms box

Occurred by the postage of the post

rate in