

**SENDER: COMPLETE THIS SECTION**

- 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.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article**

Mr. James Myers  
Mayor and Clerk of Council  
City Uhrichsville  
305 E. 2<sup>nd</sup> St.  
Uhrichsville, OH 44683

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** *James Myers* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

*5-27-8*

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

**3. Service Type**

- ☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label)

7007 2680 0001 0491 4254

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

THE SHERIFFS COMMISSION OF OHIO  
1000 COMMON STREET  
COLUMBUS, OHIO 43215-3780  
DOCKETING DIVISION

RECEIVED  
MAY 27 2008  
11:44  
DOCKETING DIV

